Mental Health Services Act (MHSA):

Three-Year Program & Expenditure Plan 2014 – 2017

Yolo County

WELLNESS • RECOVERY • RESILIENCE

Prepared by:

Resource Development Associates

Table of Contents

MHSA County Compliance Certification

County: Yolo

County Mental Health Director	**Program Lead**
Name: Mark Bryan, MSW (Interim)	Name: Joan Beesley, MHSA Coordinator
Telephone Number:530-666-8516	Telephone Number: 530-666-8536
Email: mark.bryan@yolocounty.org	Email: joan.beesley@yolocounty.org
County Mental Health Mailing Address: Yolo County Department of Alcohol, Drug, and Mental Health 137 N. Cottonwood Street, 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 and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this annual update, including stakeholder participation and nonsupplantation requirements.

This annual update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft 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. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on _____.

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.

All documents in the attached annual update are true and correct.

_____ _____

County Mental Health Director (PRINT) Signature Date

County: Yolo

Date: _____

MHSA County Fiscal Accountability Certification[1]

County: Yolo

☐ Three-Year Program and Expenditure Plan

☐ Annual Update

☐ Annual Revenue and Expenditure Report

County Mental Health Director	**Program Lead**
Name: Mark Bryan (Interim)	Name: Joan Beesley
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I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and

Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/revenue and expenditure report is true and correct to the best of my knowledge.

County Mental Health Director (PRINT) Signature Date

[1] Welfare and Institutions Code Sections 5847(b)(9) and 5899(a).

I hereby certify that for the fiscal year ended June 30, , the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated for the fiscal year ended June 30,_____ . I further certify that for the fiscal year ended June 30,_____, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

County Auditor Controller (PRINT)	Signature	Date

Introduction

Yolo County began the Community Program Planning (CPP) process for its Mental Health Services Act (MHSA) *Three-Year Program and Expenditure Plan 2014 – 2017* in September 2013. Yolo County Department of Alcohol, Drug, and Mental Health (ADMH) contracted with Resource Development Associates (RDA) to facilitate the CPP activities that culminated in this plan. The purpose of this plan is to describe Yolo County's CPP process, provide an assessment of the needs identified and prioritized via an inclusive stakeholder process, and the proposed programs and expenditures to support a robust mental health system based in wellness and recovery. This plan includes the following sections:

- **Overview of the community planning process** that took place in Yolo County from September 2013 through February 2014. Yolo's CPP was built upon the meaningful involvement and participation of mental health consumers, family members, county staff, providers, and many other stakeholders.
- **Assessment of mental health needs** that identifies both strengths and opportunities to improve the mental health service system in Yolo County. The needs assessment used multiple data sources (focus groups, key informant interviews, and a community survey) to identify the service gaps which will be addressed by Yolo's proposed MHSA programs for 2014 – 2017.
- **Description of Yolo County's MHSA programs** by component which includes a detailed explanation of each program, its target population, the mental health needs it addresses, and the goals and objectives of the program. This section of the plan also provides information on the expected number of unduplicated clients served and the program budget amount.

Proposition 63 (Mental Health Services Act) was approved by California voters in 2004 to expand and transform the public mental health system. The MHSA is funded by imposing a one percent tax on individual annual incomes exceeding one million dollars or more. The MHSA represents a statewide movement to provide a better coordinated and more comprehensive system of care for those with serious mental illness, and to define an approach to the planning and the delivery of mental health services that are embedded in the MHSA Values (see Figure 1).

Figure 1: MHSA Values

In 2005, Yolo County set out to enhance its mental health services system through the MHSA by developing Full Service Partnerships for those with serious mental illness and severe emotional disturbance, programs to prevent mental health problems or to intervene early at the onset of mental illness, partnerships with community-based providers to deliver innovative trainings to mental health service providers, and two Wellness Centers for adult and transitional age youth consumers. However, Yolo ADMH experienced significant barriers to the continued operation of non-MHSA programs due to the nationwide recession from 2008 to 2010. In order to contain the economic loss during that time period, Yolo ADMH scaled back a number of non-MHSA services to maintain the department's finances. Input from stakeholders throughout the most recent CPP reflected the challenges that Yolo County endured during that time period.

Since completing the needs assessment and program planning phase of the *Three-Year Program and Expenditure Plan 2014 – 2017*, stakeholders focused their efforts on addressing gaps that have emerged and enhancing the mental health services offered by current MHSA programs. Examples of new services or enhancements made to MHSA programs include:

- Increased number and expanded role of Family Partners/Peer Support Workers/Outreach Specialists to help with outreach and navigation of all consumers through the local mental health system;
- Consideration of a Transitional Age Youth (TAY) Wellness Center;
- Expansion of services throughout the County as a whole;
- Incorporation of new programs for adults who are homeless, at-risk of homelessness, and who have co-occurring disorders;
- Therapy for older adults at all stages of recovery;
- Mobile and/or stationary Telepsychiatry that will expand the reach of psychiatric services to rural communities and enhance access to psychiatric appointments for current clients; and
- Increased opportunities for current ADMH staff and consumer/family member staff to develop career pathways.

This plan reflects the deep commitment of Yolo County ADMH leadership, staff, providers, consumers, family members, and other stakeholders to the meaningful participation of the community as a whole in designing MHSA programs that are wellness and recovery focused, client and family driven, culturally competent, integrated, and collaborative.

Thank you for your interest and participation in developing Yolo County's MHSA *Three-Year Program and Expenditure Plan 2014 – 2017.*

Community Planning Process

I. Description of Community Planning Process

Include a description of the local stakeholder process including date(s) of the meeting(s) and any other planning activities conducted.

Planning Approach and Process

In September 2013, Yolo County Department of Alcohol, Drug, and Mental Health (ADMH) embarked on a planning process for the Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan (Plan) for fiscal years 2014-2015 through 2016-2017. The planning team was led by Mark Bryan, Department of Health Services Assistant Director; Joan Beesley, MHSA Coordinator; and Resource Development Associates (RDA), a consulting firm with mental health planning expertise.

The planning team utilized a participatory framework to encourage buy-in and involvement from stakeholders including service providers, consumers, family members, and other interested community members. The planning process was divided into three phases: 1) Kickoff, 2) Needs Assessment, 3) Community Engagement, and 4) Plan Development. Figure 2 lists the activities included in each phase.

Figure 2: Community Planning Process

Throughout the planning process, the planning team made regular presentations to the Yolo County Local Mental Health Board (LMHB) and Board of Supervisors (BOS), both of which reviewed and commented on all recommendations made by the MHSA planning team. All meetings of the LMHB and BOS are open to the public.

Community Planning Activities

The planning team carried out a set of community meetings and information-gathering activities to engage stakeholders in all stages of the planning and strategy development process in order to ensure that the Plan reflected stakeholders' experiences and suggestions. Planning activities and their corresponding dates are presented in the table below, followed by a detailed description of each activity.

Table 1: Community Planning Activities and Dates

Activity	Date
Planning Process Refinement	
Kickoff Meetings	September 23 and 24, 2013
Needs Assessment	
Focus Groups	October 3 - 24, 2013
Key Informant Interviews	October 9 - November 4, 2013
Needs Assessment Survey	October 22 - Nov 6, 2013
Strategy Development	
Strategy Roundtables	November 12 and 14, 2013
Community Meetings	December 2 and 3, 2013
Public Review Process	
30-Day Review Period	December 23, 2013 - January 23, 2014
Public Hearing	January 23, 2014

Kickoff Meetings

The planning team held community meetings to ensure that all stakeholders—particularly consumers and their families—had the opportunity to hear about and provide input to the community planning process. To initiate the planning process, the planning team held three kickoff meetings: one for the community at large, one for the LMHB, and one for the Board of Supervisors. Kickoff meetings were announced via email through the MHSA Coordinator's email list of county mental health services stakeholders (see Appendix 1 for the email announcement). Flyers advertising the kickoff meetings were posted in ADMH buildings in Woodland and West Sacramento, the Woodland Wellness Center, and the seven Yolo County library branches (see Appendix 2 for the kickoff meeting flyer). The purpose of the kickoff meetings was to provide information about the proposed planning process timeline, and to gather feedback about what was missing or suggestions to improve the proposed process. At each of the meetings, RDA used a PowerPoint presentation to inform participants of the proposed process. Copies of the PowerPoint were made available as handouts for kickoff meeting participants (see Appendix 3 for the kickoff meeting presentation). This allowed the planning team to ensure that the process was reaching important stakeholders and to garner community buy-in for the process. Based on suggestions

from the kickoff meetings, the planning team agreed to add focus groups with the following populations to the planned Needs Assessment activities:

- Foster youth
- Adults in West Sacramento

Key Informant Interviews

On behalf of the planning team, RDA staff carried out 30 key informant interviews (KIIs, or interviews) with service providers, mental health consumers, law enforcement, and members of the Local Mental Health Board. These interviews were designed to gather information about key mental health service needs, unserved and underserved populations and geographic areas, barriers to access, workforce shortages, and needs related to capital facilities and technology (refer to Appendix 4 for the KII protocol). Interview participants were identified by ADMH staff involved in the MHSA planning team. Interviews were conducted by phone and lasted approximately one hour. An entire list of those interviewed is included in Appendix 5.

Focus Groups

RDA staff convened 10 focus groups to gather input from providers and community members about their experiences with the mental health system and their recommendations for improvement. Participants were asked to reflect on what works well in the current system, mental health service gaps, provider competence and training, capital facility needs, access to health information and personal health data, and recommendations for what they would like to see in an ideal system (for the complete list of questions, see Appendix 7 for the focus group protocol). The focus group format allowed the planning team to reach a greater number of participants and gave participants the chance to discuss topics among themselves, thereby producing additional information that might not have emerged in individual interviews. Recruitment for focus groups was conducted by ADMH staff involved in the MHSA planning team, as well as staff from local community-based agencies. Focus groups were advertised using a flyer explaining both the purpose and the format of the meetings (see the focus group flyer in Appendix 6). Focus groups were held at various community-based and county agencies and lasted approximately one and a half hours each. Participants were offered snacks and a $10 gift card for their time. A list of the stakeholder groups represented in the focus groups is included in Section II.

Needs Assessment Survey

The planning team developed a survey for stakeholders including consumers, family members, providers, and interested community members. The purpose of the survey was to collect information from a wider audience beyond the interviews and focus groups, allowing any interested stakeholder to provide input or feedback on mental health needs and resources in Yolo County. The survey gathered information on experiences with current MHSA programs, unserved and underserved populations and geographic areas, barriers to access, and workforce shortages. The survey also asked participants to reflect on the county's current Innovation Plan and provide any suggestions for modifying the county's approach to using Innovation funds. The survey had 23 questions and was designed to be completed in less than 15 minutes. In order to reach the greatest number of community stakeholders and residents,

the survey was available in both online and paper formats and in both English and Spanish language versions (see Appendices 11 and 12 for the full versions of the English and Spanish community survey). A snowball method was used to reach survey participants, where recipients of the survey announcement and link were encouraged to forward the survey on to their own networks. The MHSA Coordinator disseminated the online survey via email to all local stakeholders such as NAMI, community-based providers, the school district, ADMH staff, members of the LMHB, the Board of Supervisors, special education groups, and others (see the complete survey announcement in Appendix 8). The survey link was also posted on the MHSA website and flyers were with the survey link were posted and emailed to stakeholders (see survey flyers in English and Spanish in Appendices 9 and 10). Paper copies of the survey were provided to agencies for staff to share with their clients as well as disseminated at the Woodland Wellness Center. A detailed breakdown of survey respondents is presented in Section II.

Strategy Roundtables

After the conclusion of Needs Assessment phase of the planning process, RDA synthesized the results of the key informant interviews, focus groups, and surveys in order to identify key mental health service needs, unserved and underserved populations and geographic areas, barriers to entry and ongoing access of mental health services, workforce shortages, and needs related to capital facilities and technology. These data were then presented at a series of strategy roundtables (see Appendix 13 for the strategy roundtable presentation). The strategy roundtables were designed to discuss the results of the needs assessment; prioritize service gaps; identify strategies to address these gaps; and prioritize strategies based on their ability to address the service gap in question, address additional service gaps, and maximize resources (the strategy development worksheet handed out to participants in enclosed in Appendix 14).

RDA facilitated four strategy roundtables: one for PEI, one for CSS, one for INN, and one for WET and CFTN combined. The groups were deliberately kept small (fewer than 10 participants) to allow for in-depth discussion and focus on developing strategies. ADMH staff involved in the MHSA planning team directly invited participants to represent key stakeholders including the Board of Supervisors, the LMHB, NAMI, local law enforcement agencies, veterans, providers, consumers, and family members to each of the strategy roundtables. Information on participants in the strategy roundtable sessions is presented in Section II. The meetings were designed to be interactive and participant-driven in determining the prioritization of service gaps, breaking into small groups to come up with strategies for each gap. The group then reconvened to present their proposed strategies.

Following the strategy roundtables, RDA met with Mark Bryan, Department of Health Services Assistant Director, Joan Beesley, MHSA Coordinator, and Jill Cook, Department of Health Services Director, to review the proposed strategies. The principle criteria of the planning team in reviewing the proposed strategies were applicability to current MHSA programs, service needs, required resources, and adherence to the MHSA. Ultimately, the MHSA planning team decided to incorporate most of the proposed strategies that adhered to the MHSA into the MHSA Three-Year Program and Expenditure Plan. Strategies that did not adhere to the MHSA or that could be incorporated into other ongoing initiatives outside of MHSA programs, ADMH took under advisement and committed to moving those

strategies into the appropriate forum. These considerations are outlined in the Community Meetings Presentation under the title "Other Considerations" and can be reviewed in Appendix 17.

Community Meetings

The results of the strategy roundtables were presented to stakeholders in a second series of community meetings (see Appendix 17 for the strategy roundtables presentation). These meetings were publicized by email to MHSA stakeholders, including ADMH providers, community providers, and all individuals who signed up for email updates throughout the planning activities and through the MHSA coordinator's email list serve (see Appendix 15 for the Community Meeting announcement). Flyers announcing the Community Meetings were also posted in ADMH buildings in Woodland and West Sacramento, the Woodland Wellness Center, and the seven Yolo County library branches (Appendix 16 includes the Community Meeting flyer). During these meetings stakeholders discussed their impressions of the proposed Plan and provided feedback on how well they felt the community planning process included their input. Participants were given two handouts to help guide the discussion: 1) The Complete Needs Assessment Handout, and 2) Consumer Responses Survey Handout (Appendix 18 and Appendix 19). The participant feedback and input form on the strategies is also included in Appendix 20.

Based on input from the community meetings, the following modifications were considered and decided upon by Yolo ADMH as follows:

Table 2: Requests to Modify Programs Presented at Community Meetings

Request	Status of Request
Stakeholders requested that Yolo ADMH incorporate **early childhood developmental screening** into the PEI component of the plan.	Yolo ADMH will consider how to incorporate early childhood developmental screenings into its Comprehensive Perinatal Services Program (CPSP) with collaboration by Yolo ADMH where appropriate.
Stakeholders and the Board of Supervisors **requested evaluation of program outcomes and performance measures** is developed as part of Yolo County's MHSA programs.	Yolo ADMH is in the beginning stages of formulating an approach to evaluation across Health Services that will incorporate MHSA programs.

Public Review Process

The public review process is described in Section III.

II. Stakeholder Participation

Include a description of the stakeholders who participated in the planning process in enough detail to establish that the required stakeholders were included. Include a description of how stakeholder involvement was meaningful.

Outreach for Community Planning Activities

Outreach efforts were shaped by the input of the MHSA planning team, feedback from the community kickoff meetings, and the Local Mental Health Board, to ensure that the planning process reached a broad spectrum of stakeholders and that the process was driven by community input.

As described in Section I, outreach for kickoff meetings included:

- Email announcement through the MHSA Coordinator's email list of county mental health services stakeholders (see Appendix 1 for the email announcement).
- Flyers posted in ADMH buildings in Woodland and West Sacramento, the Woodland Wellness Center, and the seven Yolo County library branches (see Appendix 2 for the kickoff meeting flyer).

Key informant interviewees were selected by ADMH staff to represent a diverse cross-section of key stakeholders including families of children, adults, and seniors with severe mental illness; providers of mental health and alcohol or other drug services; law enforcement agencies; education agencies; social service agencies; veterans and representatives of veterans organizations; health care organizations; and other stakeholders (for the complete list of informants see Appendix 5).

Outreach for staff focus groups was conducted through emails and phone calls from ADMH. Outreach for consumer, family member, and community member focus groups was carried out by ADMH staff and the community-based agencies hosting the focus groups. Consumer focus groups elicited the participation from a variety of stakeholders including adults and seniors with severe mental illness, families, transition-aged youth, foster youth, persons experiencing homelessness, rural and urban consumers, and English learners.

The Needs Assessment survey was publicized using a 'snowball method' where the link was sent out via email to all local MHSA stakeholders who then forwarded the link to their own networks. MHSA stakeholders that were emailed include NAMI, community-based providers, the school district, ADMH staff, LMHB members, the Board of Supervisors, special education groups, and others. Service providers also provided their staff and clients with hard-copies of the survey. In addition to online surveys, Yolo ADMH made paper formats available in both English and Spanish language versions at the Woodland Wellness Center, ADMH West Sacramento Office, and other provider sites (see Appendix 11 for the full version of the English survey and Appendix 12 for the Spanish-language version).

Stakeholders were invited to strategy roundtables via email and phone by both ADMH and RDA. Stakeholders were selected to represent all different types of MHSA stakeholders including NAMI, the LMHB, the Board of Supervisors, health and mental health service providers from across all age groups,

Yolo ADMH staff, law enforcement agencies, education agencies, social services agencies, veterans and representatives of veterans organizations, adult consumers with severe mental illness, and other stakeholders.

Outreach for the community meetings to present and receive feedback on the MHSA program strategies was conducted via email to MHSA stakeholders, including ADMH providers, community providers, and all individuals who signed up for email updates throughout the planning activities (see Appendix 15 for the community meeting announcement). Flyers for the community meetings were also posted at ADMH buildings in Woodland and West Sacramento, the Woodland Wellness Center, and the seven Yolo County library branches (see the community meetings flyer in Appendix 16).

Efforts to Include Consumers and Unserved and Underserved Populations

Special efforts were made to ensure that consumers were represented in all phases of the planning process. Yolo ADMH and provider staff were asked to reach out to linguistically isolated communities with the community survey and focus groups. In an effort to reach Yolo County's large Latino/Hispanic population, a Spanish-language interpreter was available at the focus group held for rural residents in Esparto. The Needs Assessment survey was also translated into Spanish (see Appendix 12).

Adult and TAY consumers were also invited to attend their own focus groups. Summarized in the table below are the focus groups that included the exclusive participation of consumers:

Table 3: Total Number of Focus Group Participants, by Focus Group Type

Focus Group Type	Total # of Participants
Adults Clients, West Sacramento	15
Homeless & Recently Homeless Adults	15
Wellness Center Adults	13
Rural/Latino/Hispanic Consumers (Esparto)	10
Seniors/Older Adults	6
Transitional Age Youth (TAY)	6
Total	**65**

At every phase of the CPP, consumer and family members participated in the planning activities. Table 4 provides an overview of the number of consumers and family members who participated in all of the planning activities.[2]

Table 4: Total Number of Participating Consumers and Family Members

CPP Phase	Consumer	Family Member
Kickoff Meetings	4	8
Key Informant Interviews	3	7
Focus Groups	56	19
Community Survey	72	71
Strategy Roundtables	1	7
Community Meetings	2	1
Total	**138**	**113**

As described in Section I, the survey employed a snowball sampling method to capture as many community members as possible. The MHSA Coordinator disseminated the online survey via email to all local stakeholders such as NAMI, community-based providers, the school district, ADMH staff, members of the LMHB, the Board of Supervisors, special education groups, and others. The sample of those who responded gather as the link is sent out to each stakeholder's own network. This ensured that the survey was as widely distributed as possible to those who may have been unable to participate in the other community planning activities.

In addition, the survey link was also posted on the MHSA website. Paper copies of the survey were provided to agencies for staff to share with their clients and disseminated at the Woodland Wellness Center to ensure as broad participation as possible by consumers, family members, and other underserved groups.

[2] At the Strategy Roundtables and Community Meetings, many stakeholders who attended prior planning events did not fill out an additional demographic form. Therefore, more consumers and family members may have participated in those phases than indicated in the table above.

Summary of Stakeholder Participation

There were over 500 people (n=560) who participated in community planning activities.[3] The following table presents the number of participants in each activity.

Table 5: Total Count of Duplicated Participants by Activity

Community Planning Activity	Total Count of Duplicated Participants
Kickoff Meetings	24
Focus Groups	101
Key Informant Interviews	32
Needs Assessment Survey	325
Strategy Roundtables	28
Community Meetings	50
Total	**560**

Key informant interviews were conducted with the representatives of the following stakeholder groups. For the complete list of informants, please refer to Appendix 5.

Yolo County Representatives

- Department of Alcohol, Drug, and Mental Health
- Local Mental Health Board
- Veterans Service Organization
- Board of Supervisors
- Superior Court
- Probation Department
- Sheriff's Office

Education Agencies

- Yolo County Office of Education

Law Enforcement Agencies

- Police Departments in Davis, West Sacramento, and Woodland

Community Based Service Providers

- CommuniCare
- RISE, Inc.
- Turning Point Community Programs
- Yolo Community Care Continuum
- Yolo First Five
- Yolo Family Service Agency
- Yolo Children's Alliance

Medical or Health Care Agencies

- Sutter Davis Hospital
- Woodland Memorial Hospital

[3] Participants may have attended more than one type of event, such as having attended the Kickoff Meeting and participated in a focus group, etc.

Focus groups were conducted with the following populations:

Table 6: Focus Groups Conducted by Type, Geography, and Partner Organizations

Focus Group Participants	Focus Group Location	Partner Organization
Yolo County Staff	Woodland, CA	Yolo County ADMH
Service Providers	Woodland, CA	Yolo County ADMH
Rural Consumers	Esparto, CA	RISE, Inc.
Transition Age Youth (TAY)	Davis, CA	Yolo County ADMH
Homeless and Recently Homeless Adults	Woodland, CA	Yolo Community Care Continuum (YCCC)
Adult Wellness Center Clients	Woodland, CA	Yolo County ADMH
Adult Clients	West Sacramento, CA	Turning Point Community Programs
Seniors/Older Adult Clients	Davis, CA	Yolo County ADMH

Two additional focus groups were also scheduled: one with parents and caregivers of school age children and one with foster youth. However, despite outreach efforts including email announcements, posted flyers, and collaboration with ADMH and provider staff in the recruitment, no participants attended these focus groups. The fact that the parents and caregivers focus group was held during the daytime and was not part of an existing program for parents/caregivers may have hindered recruitment efforts. The ADMH Clinical Program Manager for Children and Youth Services noted that in the past, it has been difficult to gather parents/caregivers for focus groups and recommended that ADMH gather input from parents/caregivers by sharing the paper version of the Needs Assessment survey with providers who could work with clients to complete the survey. However, we were able to solicit the feedback of some foster youth and parents of school age children. The focus group with TAY in Davis, CA included youth who were involved with the foster care system and the focus group in Esparto with rural consumers included parents of school-age children.

Responses to the community survey are representative of a broad range of stakeholder groups as a result of its wide distribution throughout the county. 325 people completed the community survey overall. The table below summarizes stakeholder affiliation of those that completed the community survey.

Table 7: Stakeholder Affiliation of Survey Respondents

Stakeholder Affiliation	Total Participants
Consumer	71
Family Member	68
Yolo ADMH Staff	21
Community-based Provider	51
Law Enforcement Agency	7
Education Agency or Provider	66
Social Services Agency	27
Veterans Organization	6
Provider of alcohol and drug services	13
Medical or Health Care Agency	21
Foster Youth	10
Other Affiliation	21

Of those who participated in the planning process overall, 365 participants indicated their organizational affiliation. The following table depicts the number and percentage of each type of stakeholder group represented in the planning process. Most participants came from community-based organizations, county government agencies, and social service agencies. The high proportion of participants from education agencies can be accounted for by a large number of survey respondents from a community-based organization serving youth in middle and high school.

Table 8: Number and Percent of Total Participants by Stakeholder Affiliation

Stakeholder Affiliation	Total Count	% of Total
Yolo ADMH Staff	72	20%
Community-based Provider	78	21%
Law Enforcement Agency	16	4%
Education Agency or Provider	71	19%
Social Services Agency	35	10%
Veterans Organization	8	2%
Provider of alcohol and drug services	16	4%
Medical or Health Care Agency	25	7%
Foster Youth	10	3%
Other Affiliation	34	9%
Total	**365**	**100%**

Participant Demographic Data

Each planning activity asked participants to complete an anonymous demographic form (included in Appendix 21). These forms asked participants to report their age, gender, race/ethnicity, and whether they identified as a consumer, family member, or service provider (participants could choose more than one status). Responses from the demographic forms are described below. Because demographic forms were optional for participants, some participants may not have submitted forms or may have declined to respond to certain questions.

Within each section below, demographic data is divided into two categories. First, in order to provide a detailed picture of survey respondents, information on survey respondents is presented. Next, information on participants in all planning activities *except* the Needs Assessment Survey is presented.

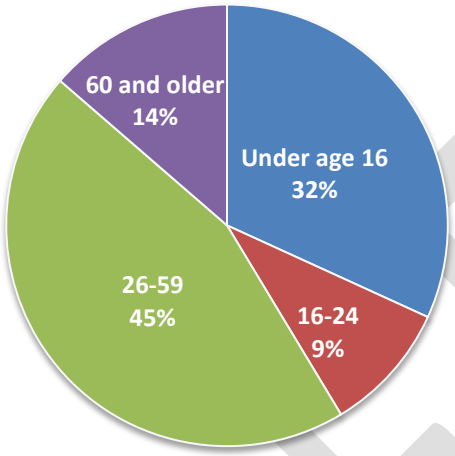
Participant Age Ranges

Participants were given the choice of selecting from four different age ranges corresponding to the MHSA categories of Children, Transition-Age Youth, Adults, and Older Adults.

When looking at survey respondents, the largest proportion (45%) were adults ages 25-59. Almost a third (32%) of survey respondents were under age 16, most of whom were youth from a community-based organization serving middle and high school students in rural areas of Yolo County. Fourteen

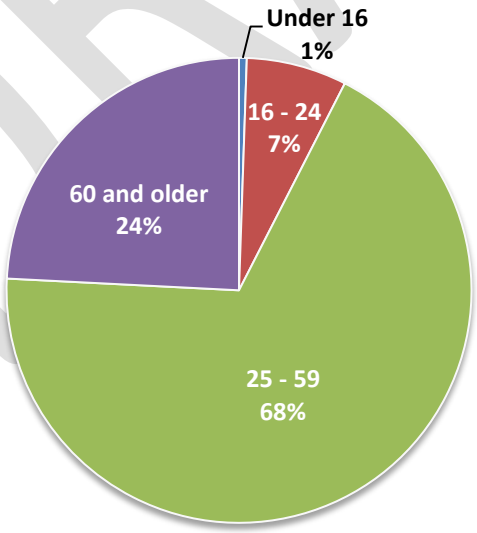
percent (14%) of survey respondents were adults age 60 and older, and nine percent (9%) were transitional age youth ages 16-24.

Figure 3: Percent of Survey Participants by Age (n=220)



The ages of participants in other community planning activities differed from survey respondents, with adults ages 25-59 (68%) and adults age 60 and older (24%) comprising the majority of participants. Seven percent (7%) of participants in other activities were transitional age youth and one percent (1%) were children under age 16.

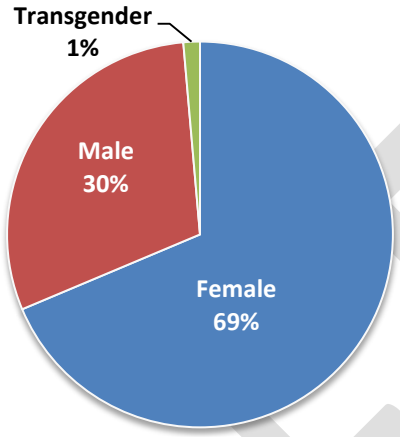
Figure 4: Percent of Other Activity Participants by Age (n=186)



Participant Gender

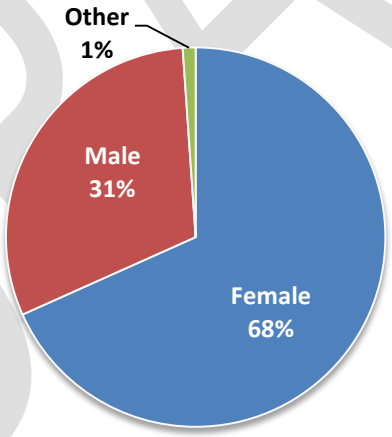
Over two thirds (69%) of survey respondents identified as female, 30% identified as male, and 1% identified as transgender.

Figure 5: Percent of Survey Participants by Gender (n=217)



Participants in other activities had nearly the same gender makeup, with two thirds (68%) identifying as female, 31% identifying as male, and 1% identifying their gender as "Other" without specifying.

Figure 6: Percent of Other Activity Participants by Gender (n=183)



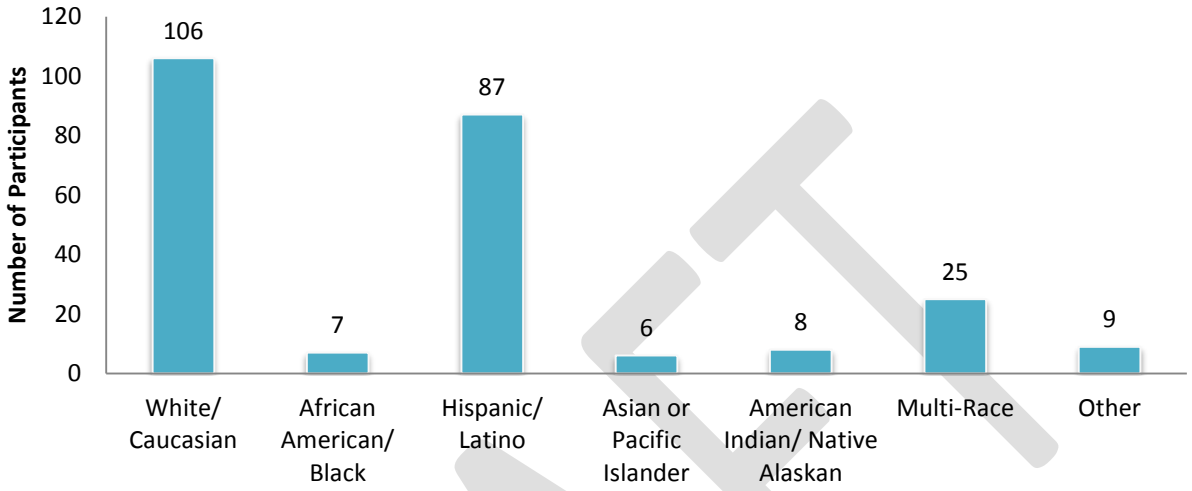
Participant Race / Ethnicity

The following charts present data on survey and other activity participants by race/ethnicity.[4] As shown in the chart below, most survey respondents identified as White/Caucasian or Hispanic/Latino, with slightly fewer Hispanic/Latino respondents (n=87) than White/Caucasian respondents (n=106). As

[4] There may be overlap between the categories as participants could mark as many options as applied.

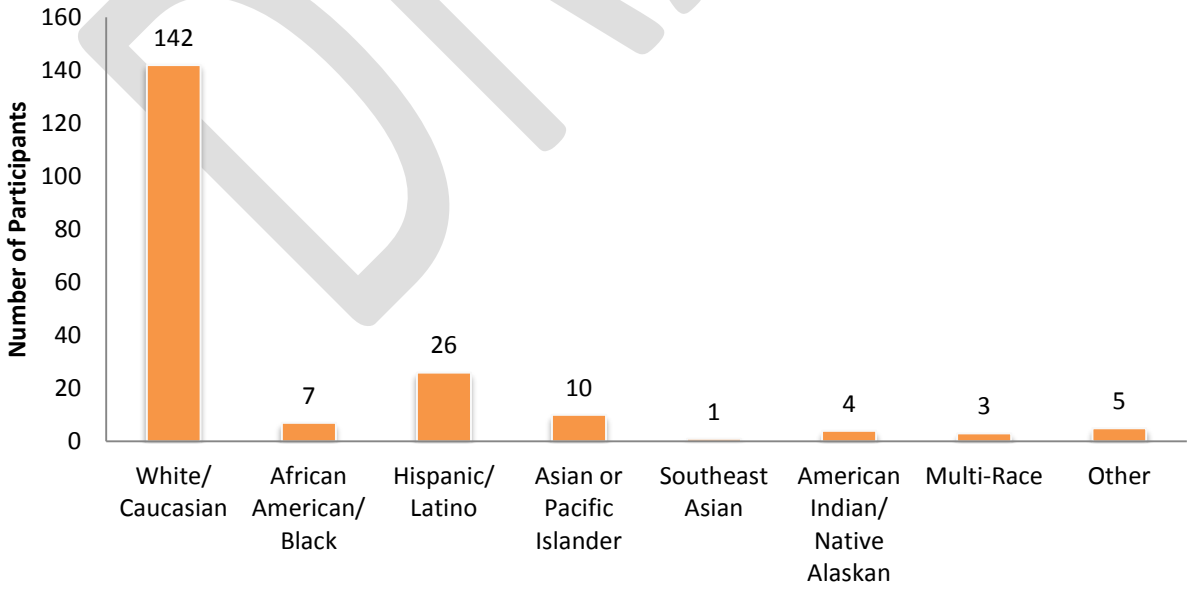
approximately one third of Yolo County's population is Hispanic/Latino, efforts were made to ensure the survey reached this population. Twenty-five respondents identified as multi-race. Representing smaller population groups, seven respondents identified as African American/Black, eight as American Indian/Native Alaskan, six as Asian or Pacific Islander, and nine as another race.

Figure 7: Count of Survey Participants by Race/Ethnicity (n=248)



When looking at the breakdown of participants in other activities by race/ethnicity, it is clear that most participants were White/Caucasian (n=142). This may be due to the large number of participants from high-level leadership positions in county and community-based agencies, the majority of whom identified as White. Twenty-six participants in these activities identified as Hispanic/Latino.

Figure 8: Count of Other Activity Participants by Race/Ethnicity (n=198)

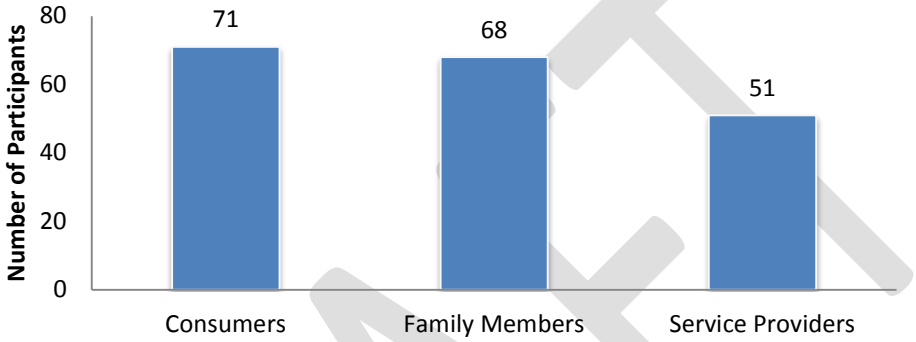


Consumer and Family Member Participation

The following table depicts the number of participants that identified as mental health consumers, family members of consumers, and service providers.[5]

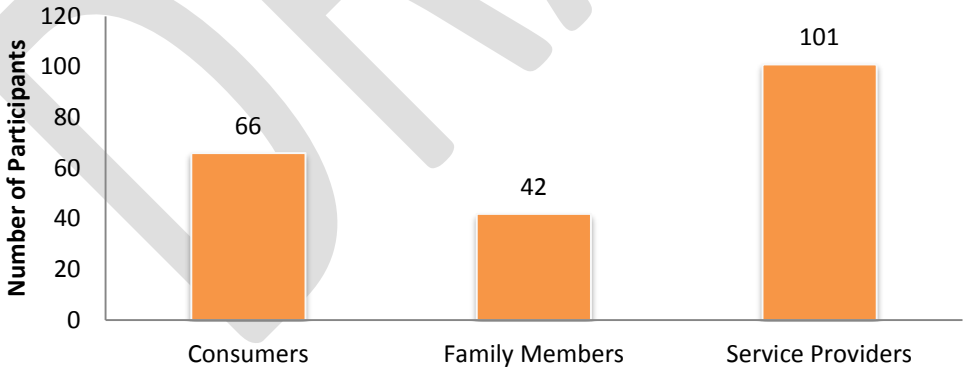
When looking at survey responses, 71 respondents identified as consumers of mental health services. More than 60 respondents identified as family members (n=68) and 51 respondents identified as service providers.

Figure 9: Number of Survey Participants that identified as Consumers, Family Members, and Service Providers (n=190)



When looking at participation in other activities, service provider participation was more common, with 101 participants identifying as service providers, 66 as consumers, and 42 as family members.

Figure 10: Number of Other Activity Participants that identified as Consumers, Family Members, and Service Providers (n=209)



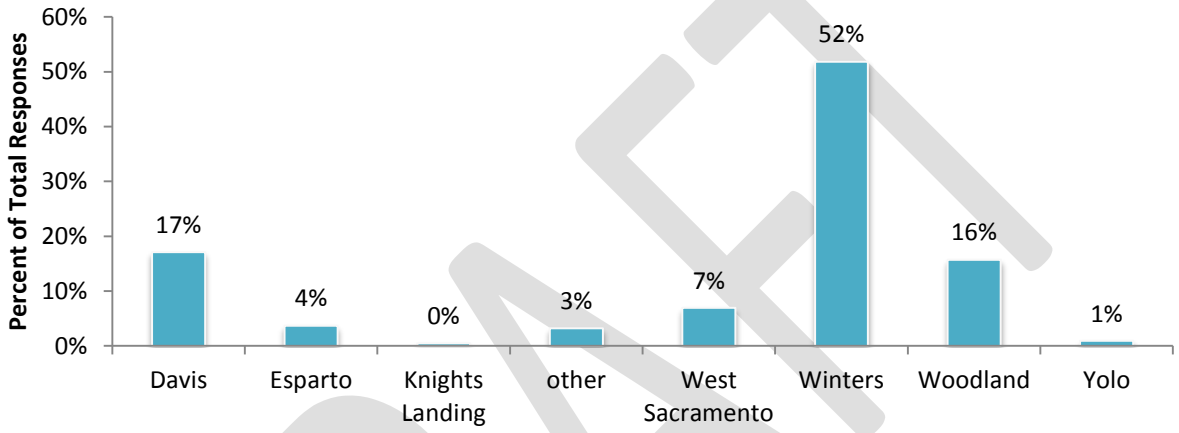
[5] There may be overlap between the categories as participants could mark as many options as applied.

Participant Place of Residence

Because of the diverse needs of populations in Yolo County's urban and rural areas, efforts were made to include participants representing the county's diverse geography.

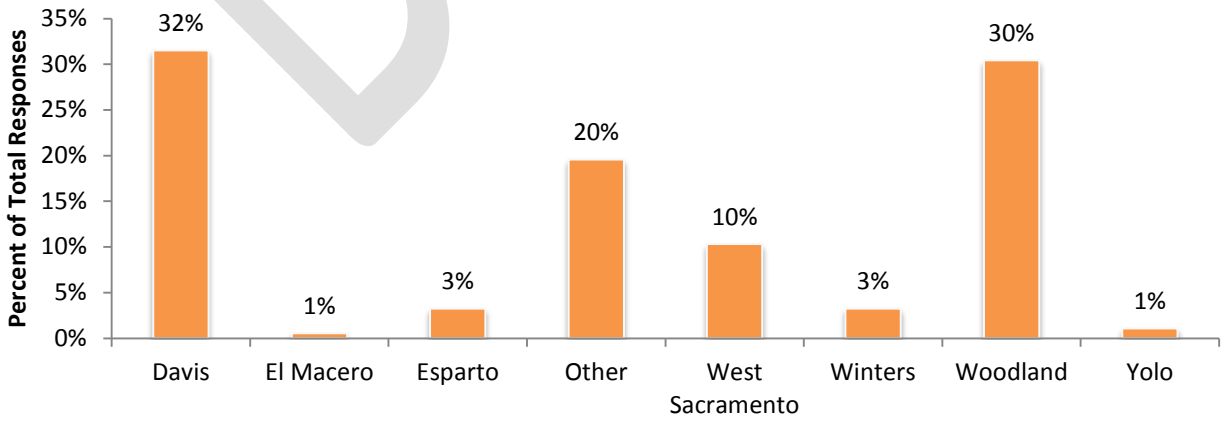
Many of the survey respondents came from rural areas including Winters, Esparto, and Knights Landing, reflecting efforts at survey outreach to these areas. Seventeen percent (17%) of respondents were from Davis, sixteen percent (16%) were from Woodland, and seven percent (7%) were from West Sacramento.

Figure 11: Percent of Survey Participants by Reported Place of Residence (n=216)



The place of residence of participants in other activities was quite different from survey respondents, with about a third of respondents from Woodland and another third from Davis. Rural areas were less represented in other activities, though special efforts were undertaken to include rural residents in focus groups. About a fifth of participants reported living in other areas (including the census designated place of Yolo). This includes a number of service providers who reported living in a neighboring county.

Figure 12: Percent of Other Activity Participants by Reported Place of Residence (n=184)



III. Public Review Process and Hearing

Include a description of:

- *The dates of the 30 day review process;*
- *Methods used by the county to circulate for the purpose of public comment the draft of the plan; to representatives of the stakeholder's interests and any other interested party who requested a copy of the draft plan;*
- *The date of the public hearing held by the local mental health board or commission;*
- *Substantive recommendations received during the 30-day public comment period; and,*
- *Substantive changes made to the proposed plan.*

The 30-day public comment period opened on December 23, 2013 and closed on January 23, 2013. The county announced and disseminated the draft plan to [people] via [online, paper, etc.] (see the 30-Day Public Comment Period announcement enclosed in Appendix 22). Any interested party could request a copy of the draft plan by [process].

A public hearing was held on January 23, 2013, during which stakeholders were engaged to provide feedback about the Yolo County MHSA *Three-Year Program and Expenditure Plan 2014 – 2017* (see Appendix 23 for the 30-Day Public Comment form). XX stakeholders attended the public hearing, representing [groups].

The following recommendations were provided during the public hearing:

- X

Based on feedback from stakeholders during the public hearing, the following revisions were made to the plan:

- X

Community Needs Assessment

Introduction

Resource Development Associates (RDA) conducted a total of nine focus groups: 6 consumer focus groups[6], one community-based provider focus group, and two focus groups with ADMH staff. RDA also conducted 30 key informant interviews (KIIs) with Yolo County Department of Alcohol, Drug, and Mental Health (ADMH) staff and stakeholders from community-based service providers, hospital service providers, the Local Mental Health Board, the local Board of Supervisors, Yolo County law enforcement, and other government agencies.[7] RDA also conducted a survey of Yolo County mental health service providers, consumers, and their family members about mental health needs in the county. RDA received a total of 325 completed surveys.

Needs Assessment Findings

Impact of MHSA on the Mental Health System

Stakeholders discussed a number of ways in which MHSA funding had positively impacted the mental health service system in Yolo County. These included changes related to the mental health services offered, efforts to reach underserved populations, staff capacity to serve consumers, and coordination of the system. Comments from key informants, focus group participants, and community meeting participants regarding these impacts will be referenced throughout the needs assessment section. Survey responses related to the impact of MHSA are discussed below (see Table 9).

- **There are more mental health services available:** The existence of new and innovative programs was the most commonly reported change, indicated by nearly one-quarter (24%) of respondents. Twenty percent (20%) of respondents also highlighted the creation of more prevention services as one of the most helpful changes, and fourteen percent (14%) rated the recovery focus of services as one of the most helpful changes.

- **Services are reaching more underserved populations**: Services reaching more underserved populations was rated as one of the most helpful changes in the past five years, reported by

[6] RDA facilitated focus groups with the following consumer populations: rural residents in Esparto, adult clients of the Wellness Center, homeless adults, older adults, transition-age youth (TAY), and West Sacramento residents.

[7] See Appendix 5 for a complete list of key informants who participated in the interviews.

over twenty percent (20%) of respondents. Sixteen percent (16%) also indicated that services are more easily accessible for underserved populations.

- **Staff capacity has increased**: The level of staff training to provide high quality services was also among the most commonly mentioned positive changes in the county's mental health services, reported by eighteen percent (18%) of respondents. Fifteen percent (15%) also reported the increase in staff cultural competence as one of the most helpful changes.

- **Efforts have been made to increase coordination of the mental health system:** Speaking to the county's efforts to improve the mental health service system as a whole, seventeen percent (17%) rated the level of coordination and collaboration as one of the most helpful changes. Over ten percent (10%) also indicated the integration of mental health and primary care services, as well as the county's ability to respond to mental health crises, as among the most helpful changes.

Table 9: Most helpful changes in county's mental health services in the past 5 years

Changes in County's Mental Health Services	Domain of Change	% of Total Survey Responses
There are new and innovative programs	Mental health services	24%
Services are reaching more underserved populations	Underserved populations	22%
There are more prevention services	Mental health services	20%
Staff are better trained to provide high quality services	Staff capacity	18%
There is more coordination or collaboration between agencies	System coordination	17%
Services are more easily accessible for underserved communities	Underserved populations	16%
The County has a Wellness Center	Mental health services	16%
Staff are more culturally competent	Staff capacity	15%
The County provides more housing for mental health clients	Mental health services	14%
Services are more focused on recovery	Mental health services	14%
Mental Health services are better integrated with primary care services	System coordination	13%
The County now provides a Benefits Specialist to help individuals with applying for benefits	Mental health services	12%
The County is more able to respond to mental health crises	System coordination	11%

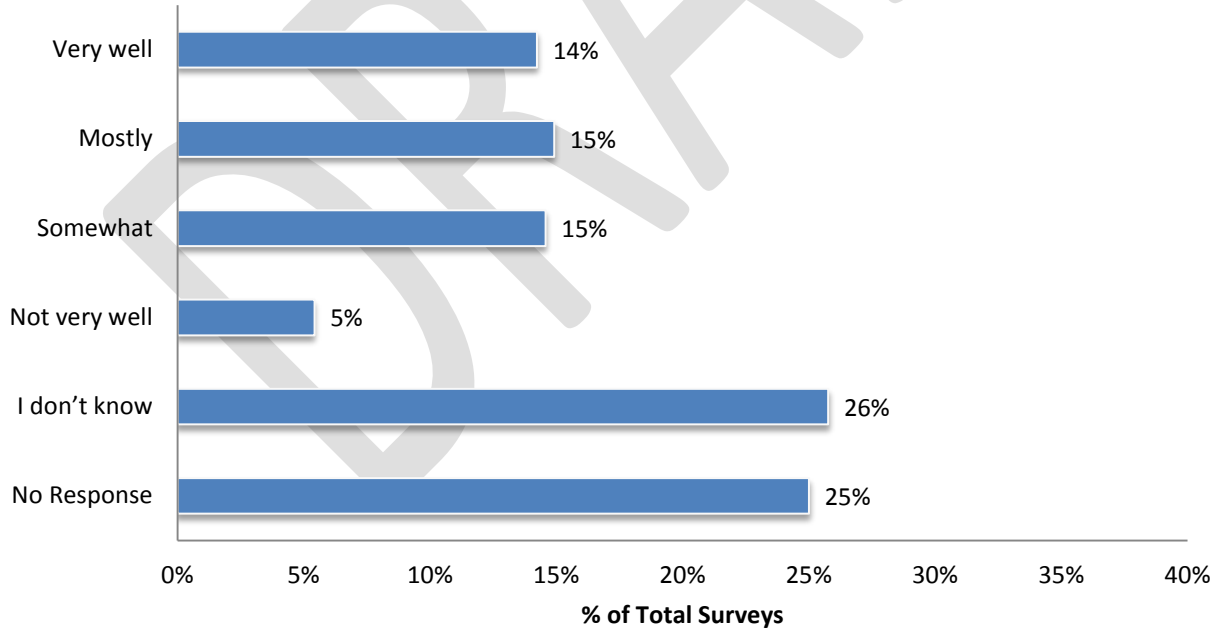
Mental Health Services in Yolo County

The following sections highlight the key needs assessment findings about the types and availability of mental health services.

Stakeholders described an array of mental health services offered in Yolo County. In particular, stakeholders highlighted the County's efforts to provide case management services, groups and services focused on wellness, services for individuals with serious mental illness, and prevention and early intervention services for youth in rural areas. Consumers spoke highly of groups offered at the Wellness Center and living facilities such as Pine Tree Gardens, as well as the crisis services available through Safe Harbor. Stakeholders also pointed to the MHSA Innovation programs as offering some of the most important services to the community.

The first four key findings discussed below relate largely to services for mental health consumers with serious mental illness. When survey respondents were asked how well the MHSA services meet the needs of people with serious mental illness, fourteen percent (14%) reported that MHSA services meet these needs very well, fifteen percent (15%) felt they mostly meet these needs, and fifteen percent (15%) reported that they somewhat meet these needs. Five percent (5%) indicated that MHSA services do not meet these needs well (see Figure X).

Figure 13: How well do the MHSA services meet the needs of people in your community who have serious mental illness? (n=325)



Needs Assessment Findings

Finding 1: Multiple stakeholders highlighted the value of receiving case management services and expressed a need for the expansion of case management services.

Stakeholders across the board, from providers to LMHB to consumers, emphasized the importance of case management in the recovery process. Consumers reported strong relationships with their case managers and that those relationships are critical to their recovery.

> *My case manager does what's best for me. He's not focused on any other areas or money, just focused on me.*
>
> *I feel bad when I get sick because he has to bike to see me in the hospital. He really goes wherever I need.*
>
> *They also come to your house if you have a hard time coming into the Wellness Center on any day.*
>
> *They're really good at bringing you back in when you start to lose touch with reality.*

At the same time, many providers, LMHB, ADMH, and consumer stakeholders expressed concern that there are insufficient numbers of case managers to meet the need.

> *I've heard about a lack of case management and support for those individuals who are homeless and mentally ill in West Sacramento. If they want to do well to improve their emotional wellbeing or any other housing support, there are insufficient resources to provide them support. It keeps them on the fringes of doing ok but not complete rehabilitation so they can be more self-sufficient.*
>
> *ADMH needs more funding to hire people for more one-on-one service. There could be tons more case managers. Case managers not only talk to you, and help you get services, but they also help you get to clothing stores, help you with grocery shopping, help you get to medical appointments – help you do the things you need to do to remain healthy.*
>
> *I know people who need case managers but they don't have one. More case managers are needed.*

One government agency informant also emphasized the need for representative-payee services for mental health consumers at all need levels. A representative-payee is someone who acts as a receiver for an individual's SSI or SSDI funds and assists the individual with managing the money.

> *That is a huge element of keeping people safe: help somebody budget their money, hold onto their money, and pay their most important bills. When a mentally ill person can't do that for themselves, who is going to do it? The day [they] pulled the plug on that program, a lot of people started to fail.*

Finding 2: Across the board, all stakeholders emphasized a need for increased availability of psychiatric services.

Consumers reported a need for more doctors, psychologists, and psychiatrists. Consumers stated this shortage resulted in long waiting lists to see health care professionals, especially when not in a crisis situation. Twenty three (23%) of survey respondents identified long waiting lists as a barrier to consumers' access to services.

Consumers in focus groups further noted that clinician turnover is difficult because it takes time to develop a relationship of trust with a psychiatrist, and as soon as the relationship is established, frequently the psychiatrist leaves. Almost all providers, LMHB members, and other stakeholders echoed this assessment.

> *When they [doctors and therapists] develop a relationship with someone, especially someone with severe mental illness [and then leave], that could throw the patient all the way back to the beginning. It would be great for the county to develop ways to increase doctor and therapist retention.*
>
> *The most complaints I get are that doctors [psychiatrists] switch way too often. Other people have told me the doctor doesn't even know them, and once they get to know them, the doctor moves on to somewhere else.*

Many stakeholders noted that the underlying reason for the turnover is that Yolo County is not as competitive with other counties regarding salaries and benefits for mental health clinicians. This turnover poses a challenge to providing a stable continuity of care for consumers.

Finding 3: Numerous stakeholders expressed the need for meaningful daily activities and programming that promote wellness.

All stakeholders knew about the Wellness Center program and noted the positive impact that the Wellness Center in Woodland has had on its participants. Wellness Center consumers expressed enthusiasm about the ability to access group discussions, counseling, and meals; and to engage in activities outside of the home, including exercise, at the Wellness Center. Consumers stated that they felt great benefits from physical wellness activities and enrichment activities, such as outings. They also enjoyed and expressed a desire for more group discussions at the Wellness Center. Consumers shared:

> *Without the Wellness Center we'd be falling in and out of crisis. This program is vital.*
>
> *Even if there are no groups going on [at the Wellness Center], there are people hanging around. It's helpful to be around others. It's a good place to socialize—better than staying in your apartment all day.*

In addition, consumers expressed positive feedback about wellness-centered groups offered by Pine Tree Gardens and the Greater Access Program (GAP) offered by the Yolo Community Care Continuum.

Providers identified the GAP program and other programs funded through the MHSA Innovation component as helpful.

Consumers, LMHB members, and some providers noted that the Wellness Center in Woodland would benefit from space to serve more clients and to provide improved services. Consumers at the Wellness Center also felt that consumers living outside of Woodland experience difficulty getting there, and they expressed that Wellness Center programs and services should also be provided in Davis and West Sacramento. All of the interviewees from the LMHB also stated that Wellness Centers should be expanded to West Sacramento and Davis.

Many adult and transition-age youth consumers expressed a desire for more programs to enhance their self-esteem, help them develop skills, earn income, and keep them from turning to negative activities. Consumers suggested programs including social outings and outdoor activities and emphasized the value of employment programs.

> *We work at YCCC [doing] a lot of outdoor farming type work. We need more opportunities from employers who understand you may have gaps in your work history or other issues related to your mental illness and can work with you.*
>
> *I turned from addiction into work at the Wayfarer Center, and it helped me from going back.*
>
> *There used to be work opportunities at the Wellness Center that they'd pay us in gift cards. We'd like to see that again.*

Many providers also stated that employment programs would be beneficial to the populations they serve. Several LMHB members stated that creating avenues for consumer employment and/or job training would be a good strategy for helping consumers be more engaged and self-sufficient.

Finding 4: Law enforcement interviewees identified the need for diversion to mental health services rather than incarceration for individuals who are mentally ill.

A number of law enforcement interviewees expressed concern about the "revolving door" for certain individuals who cycle in and out of jail. They stated a need for some kind of assistance for individuals leaving jail to obtain their prescribed medications and to obtain other necessary services. They also expressed a desire for resource cards or information to hand out to individuals experiencing mental health crises or leaving jail.

> *Jail may not be the best place to provide people services. A drop-off center would be great. If someone is in crisis who we deal with, someone who can be detained on a hold and at that point, if you had a center besides the hospital….a lot of these individuals can be medically cleared.*
>
> *Families are calling saying they'd rather leave their loved ones in custody because they can't take their medication, or won't take it. That family should have another place other than incarceration to get some help because our criminal justice system is so overtaxed with offenders*

that I don't think exposing a mentally ill person to the criminal element in here is going to help them.

Many law enforcement and criminal justice stakeholders also expressed a desire for a stronger partnership between agencies and providers to work together on crisis intervention. Many of these interviewees expressed frustration with the limited information they had about services to which people leaving jail should be referred. At the same time, several law enforcement interviewees emphasized that their role should not be to evaluate an individual for mental health referrals, but to either place individuals leaving jail in a location where she or he can be properly assessed for services by trained staff, or to act as a conduit to provide information about resources.

They teach us in CIT to problem solve and find resources for individuals….On the other end, when our officers try to do that, they don't know where to go or know anyone at ADMH who can be there to set up a plan.

Finding 5: Stakeholders expressed a need in the County for services to assist consumers before the development of serious mental illness.

In addition to discussing service needs for consumers with serious mental illness, a number of key informants expressed the need for services to prevent the development of serious mental illness. Over fifteen percent (15%) of survey respondents stated that MHSA services work "somewhat" well or "not very well" to help people in the community before the development of serious mental illness.

We're not necessarily able to treat people before they become seriously mentally ill. Because of restricted treatment dollars, we restrict treatment to seriously emotionally disturbed or seriously mentally ill. You take a 5 year old, they're not old enough to be SMI, but if you're going to treat me, you should treat me now – get in before it gets worse. We need to be able to treat people before it gets worse.

Unserved and Underserved Populations

The county has made substantial efforts to provide services for populations across cultural and linguistic groups, age groups, and geographic areas. Clinicians are trained to provide services in the county's two threshold languages, Spanish and Russian, and outreach efforts have been undertaken to reach these populations. The county has also expanded services in rural areas. Key informants also noted that services for young people have been put in place, including a strong early screening process for young children.

Needs Assessment Findings

Finding 6: Many stakeholders felt that the county does not adequately serve those consumers who are not currently in crisis to either prevent their illness from rising in severity or assist consumers who are at a more advanced stage of recovery.

LMHB members, service providers, consumers, and law enforcement/criminal justice system stakeholders all stressed the goal of providing more services in the way of early prevention and keeping conditions from increasing in severity. Several LMHB members voiced the desire to see programs address the needs of those individuals who are not currently in crisis, but still need treatment support to assist them at their current stage of recovery.

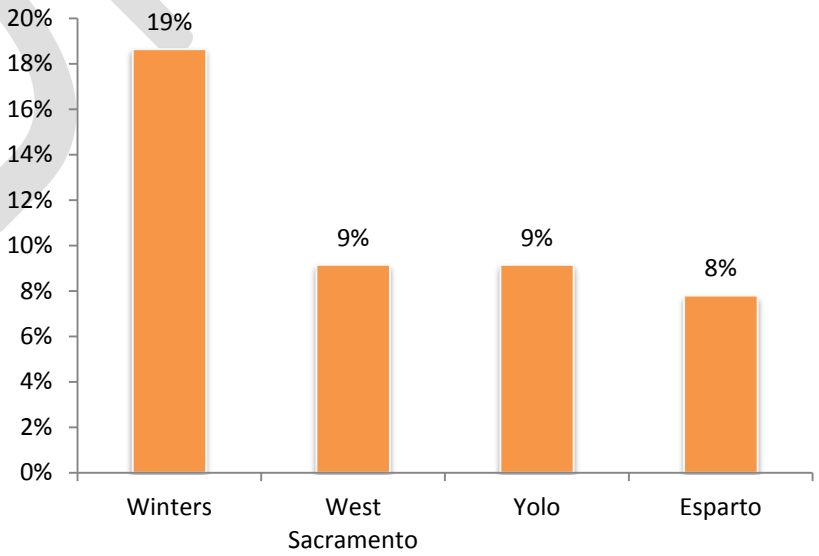
> *Unless someone is seriously mental ill, almost hospitalize-able, there are very few public services in the county. People that have problems that do not rise to the level of serious psychiatric problems…they don't get services.*
>
> *I understand we have the ability to serve only the severely mentally ill, and if not, there are no services available.*
>
> *I think anyone who's in a crisis, like the unemployed, or young people, or homelessness, getting them services sooner rather than later can be really important.*

In addition, government, law enforcement/criminal justice, and provider interviewees identified those suffering from traumatic brain injury (e.g., "an individual exhibiting schizophrenic symptoms, but not diagnosed as schizophrenic by a psychiatrist") as individuals who frequently interact with providers and law enforcement and appear to need mental health treatment, but are not able to access services. Government and provider interviewees also noted that seniors suffering from dementia or Alzheimer's and youth on the autism spectrum also have needs that go unmet by the current system of care.

Finding 7: Stakeholders identified a number of underserved populations living in specific locations:

- **West Sacramento residents (especially the homeless and Russian/Eastern European populations)**
- **Those living in rural areas (Winters and Esparto)**

Figure 14: Underserved geographic areas (n=325)



Almost every stakeholder and focus group, and over ten percent (10%) of survey respondents, identified the homeless (predominantly located in West Sacramento) as the most underserved population.

Many key informants, focus group participants, and survey respondents identified the significant Russian and Eastern

European communities in West Sacramento as populations currently underserved. They cited language access issues, as well as lingering cultural stigma from within these communities, as reasons for these populations' lack of service.

> *Russian [and Eastern European] communities [are underserved]: part of it is that they don't know about the programs, part of it is cultural, and part of it is the need for outreach to those communities. You see a cultural defiance where people don't want to admit to mental illness because of stigma.*
>
> *Russians, homeless, and those living in rural areas need greater outreach.*
>
> *It's difficult to get into the Russian community – culturally, hard to do it, and with mental health issues, it's even worse. A big part of that community is in West Sacramento.*

Several LMHB members suggested more outreach to the homeless and provision of housing, including shelters or transitional support for those getting out of jail, would be helpful.

> *Given that there is a large homeless mentally ill population in Woodland and West Sacramento, having a homeless outreach support team with a housing component would be great for helping with their needs.*
>
> *Where we live in West Sac, there is a very large homeless population down on the river, and I know more than a few of them that are mentally ill. But they don't have services because they don't have income to see a doctor to get referred.*

Combined, rural areas represented eighty percent (80%) of all responses to geography of underserved populations. Many interviewees identified rural areas as extremely underserved.

> *Rural areas are very difficult. There are people who can't get to Woodland. We don't have enough services for people in the towns, but really not enough for people in the rural areas.*

When specific survey responses are combined, rural areas represent about 80% of all responses relating to the geography of underserved populations.

In addition to underserved groups by geography; focus groups, key informant interviews, and the survey revealed several underserved demographic groups in Yolo County. The table below summarizes all underserved groups or populations.

Table 10: Top unserved or underserved populations from community survey

Unserved or Underserved Populations	% of Total	Count of Responses
Persons experiencing homelessness	**13%**	**38**
Persons involved in the criminal justice system	**13%**	**37**
Persons experiencing a mental health crisis	**11%**	**33**
Persons with co-occurring disorders	**11%**	**33**
Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, and Questioning (LGBTIQQ)	**8%**	**24**
Hispanic/Latino	**7%**	**20**
Persons who have Medicare or both Medicare and Medi-Cal	**6%**	**19**
Persons with limited English proficiency	**6%**	**18**
Persons with disabilities	**5%**	**14**
Asian or Pacific Islander	**4%**	**13**
African American/Black	**3%**	**10**
American Indian/Native Alaskan	**3%**	**9**
Russian	**3%**	**9**
Persons with mild or moderate mental illness	**0%**	**0**
Other	**6%**	**17**

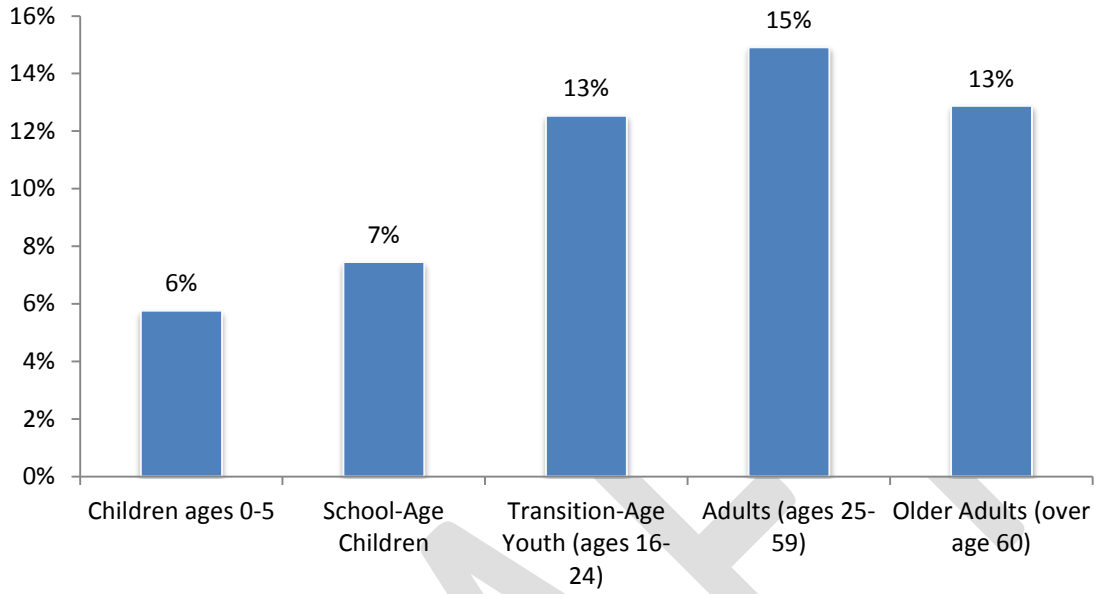
Stakeholders also had specific feedback regarding the types of demographic groups they perceived as being underserved by age, race/ethnicity, and other categories.

Finding 8: Stakeholder identified specific populations as being unserved and underserved by age and demographics including:

- **School Age Youth, Transitional Age Youth, and Older Adults**
- **Latino/Hispanic Population**
- **Persons experiencing homelessness, involved with the criminal justice system, those experiencing a mental health crisis, and people with co-occurring disorders**

The figure below shows the percentage of survey respondents that identified a specific age group as underserved.

Figure 15: Percentage identifying age groups as underserved (n=325)



The following is specific feedback from focus groups and key informants regarding how consumers in these different age groups may experience barriers to accessing mental health services.

- **School Age Youth Population**

  Middle school aged kids – kids who end up in our TAY programs frequently begin exhibiting problems at middle school.

  Children [are underserved]: some are not accessing the program even if they have Medi-Cal. There is a need that maybe the schools are not aware of. Maybe there should be improvement in teacher education about mental illness and awareness of how/where to refer for services.

  Kids especially need prevention and early intervention services.

  It was difficult to be in school and everyone would pick on me or make fun of me. If someone had come out and spoke at school, I think it would have helped.

  Children and teens [are underserved]: Like I know my brother has problems but he can't be seen, mainly because of school. They won't allow him time off to see a doctor.

❖ **Transition-Age Youth (TAY) Population**

TAY youth (18-26 year olds) [are underserved]. That's when early psychosis leading to schizophrenia occurs. We see them when they come in for medical services.

[We need] more outreach for TAY. Kids lose their Medi-Cal, and then we only see them again when they are 22, and things have fallen apart.

A number of consumers and providers noted that transition-age youth (TAY) need their own "wellness center" space. Consumers expressed concern that the TAY population did not have a space in which they felt comfortable. After funding cuts, the TAY center now shares space with the adult wellness center in Woodland, which both adult and TAY consumers felt discouraged participation by the TAY population.

For a while there we had a separate TAY center, and they were much more willing to connect there since it was less threatening. The kids have to go to the [adult] wellness center, and the culture there is a little off for TAY. [They don't participate as much now.]

❖ **Senior/Older Adult Population**

Early intervention and prevention programs are important not only for youth, but also for seniors. As our population ages, they face more and more conflicts, controversies, and health issues. Mental health is given short shrift with seniors.

Very limited programs for older adults. For older adults, that's where the nexus of chronic illness, bodily illness, substance issues [and mental health] converge.

Isolation and depression are major problems for the older adults because they are less able to get around.

Seniors need the ability to access services before they're moving into crisis and access services early before they're suicidal. I hear this a lot from seniors.

Stakeholders also mentioned the need to make a concerted effort to reach out to the Latino/Hispanic population in Yolo County.

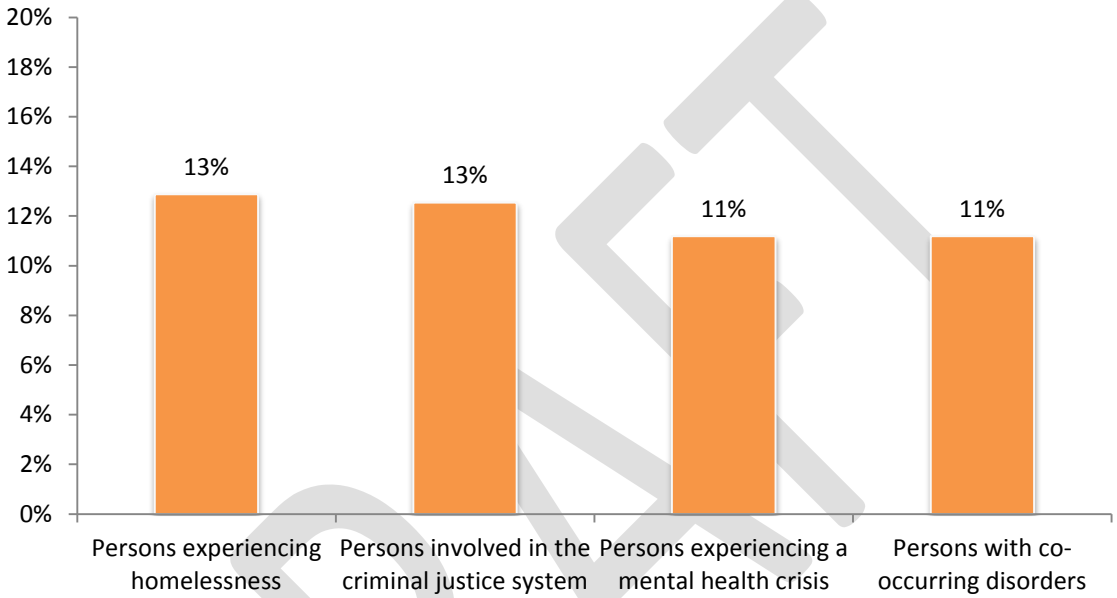
❖ **Latino/Hispanic Population**

We have more work to do with the Spanish-speaking population. Families of Spanish-only speaking consumers – they really do feel kind of isolated and have a difficult time accessing supports.

We have a very high Hispanic population who is monolingual…That population is a little more hesitant to receiving services.

In the community survey, respondents identified several different groups of people as being unserved or underserved including persons experiencing homelessness (13%), persons involved in the criminal justice system (13%), those experiencing a mental health crisis (11%), and people with co-occurring disorders (11%).

Figure 16: Top demographic groups identified as underserved by survey respondents (n=325)



Feedback from the key informant interviews and the focus groups also confirmed the survey findings above. The following is a summary of specific stakeholder feedback regarding these unserved and underserved groups.

- **Dual Diagnosis/Co-occurring population**

  Numerous key informants (representing law enforcement/criminal justice, LMHB, providers, and other government agencies) expressed concern that while many of the mental health consumers in the county have co-occurring substance abuse issues, there are no treatment opportunities for them. Over ten percent (10%) of survey respondents also identified this population as underserved.

  We don't have any kind of detox facility for dual-diagnosis clients. That is really problematic that we don't have that.

  To provide linkages, we need a detox placed in West Sacramento. We need to have a place where especially homeless dual diagnosis people need that.

When they combined AD and MH into one department, they had to make cuts, so they cut out drug and alcohol treatment [for the mentally ill].

- **Persons experiencing a mental health crisis**

Over ten percent (10%) of survey respondents identified this population as underserved. In response to the question "How well do the MHSA services meet the needs of people in your community who are experiencing a mental health crisis?" over twenty percent (20%) of survey respondents answered "somewhat" or "not very well". Key informants also expressed concern about coordination problems and barriers to accessing service when experiencing a mental health crisis, especially during non-business hours (as noted earlier in this document).

Key informants also noted that because there is no true mobile crisis service, consumers in crisis frequently end up in jail custody rather than in treatment.

Our mobile crisis has never been mobile – it doesn't go to the crisis. A police officer will meet family at the hospital. It's not actually mobile – they don't drive around or try to take to a mental health service provider. A lot of officers are resistant to take someone to take to hospital and will take him to the jail.

- **Persons involved in the criminal justice system**

Several key informants and over ten percent (10%) of survey respondents identified this population as underserved.

The other [key underserved group] would be the population that is going into custody and looking at their crimes as being a more of a symptom of a mental health issue. Law enforcement will see this as a crime instead of looking it as a symptom and if we address the mental health issue than the crime wouldn't occur. These are folks that aren't 5150 or suicidal or other things, but there is a mental health component to some of their problems.

Finding 9: Many stakeholders identified difficulties for people outside of Woodland in accessing services (especially those in rural areas).

Stakeholders- including providers, consumers, law enforcement, and other government agency staff- consistently expressed their concern that services are not readily available in the places where consumers need them or during the times that they need them.

From my experience, speaking with parents and law enforcement agencies, if an individual has a psychiatrist appointment and can go to a health center in West Sac, there are only certain limited times they can do that.

The ADMH satellite offices in Davis and West Sacramento are only open two days a week, and there is no access to after-hours services.

> *We do not have facilities [in the Capay Valley area]. We have prevention programs and children's clinicians out there in Winters and Esparto, which is great, but we do not have access to psychiatric care for any age. [Many individuals] are not going to be able to make that 20 mile drive [to Woodland for services] before 5pm.*

Potential solutions: Several provider and government agency stakeholders suggested that school-age children should be served at schools. They noted that parents frequently are not able to make additional appointments to go into another office for services, and that a better way to access these consumers is for mental health staff to come to where the students are located.

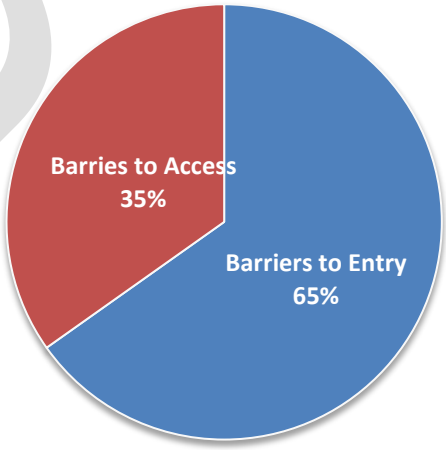
Access to Services

Stakeholders highlighted a number of efforts the County has made to ensure that all community members have access to mental health services and supports. Consumers and providers spoke highly of the RISE, Inc. program in Esparto and Winters, noting that this program provides important prevention services for youth living in areas where not many services or activities are available. The RISE, Inc. program also has an on-site ADMH staff person, allowing for consumers with more serious mental health needs to be triaged and referred to more intensive services when necessary. Stakeholders also mentioned the importance of ADMH's West Sacramento office for appointments when limited public transportation makes it difficult to travel to the Woodland office. In addition, the County also offers transportation to services for FSP clients.

Stakeholders were asked to identify and describe existing challenges to access in order to improve the County's efforts to meet the needs of all residents. Highlighted findings are presented below, broken down by barriers to entering the mental health system that exist on an institutional level and barriers to ongoing access to programs and services.

Overall, survey respondents identified that the majority of barriers to access are related to entering the mental health system (65%).

Figure 17: Barriers to entry and access to mental health services (n=325)

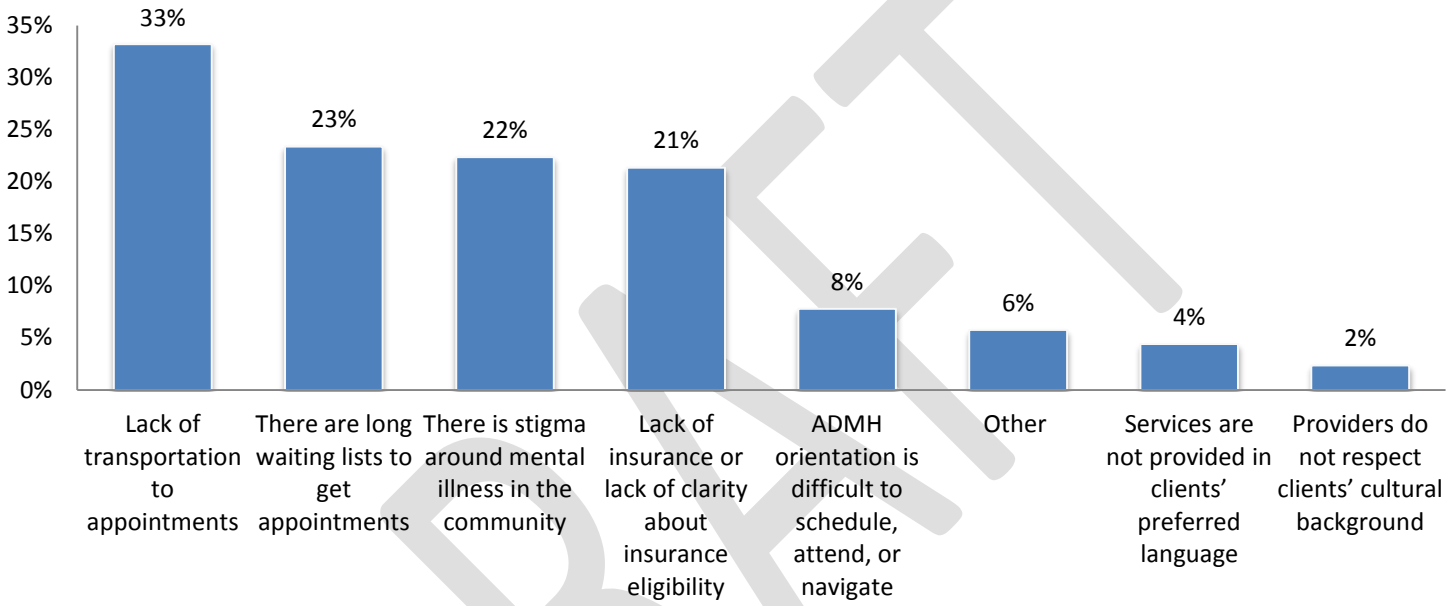


Survey respondents also had the opportunity to rate the most significant barriers to receiving mental health services. The top three barriers to receiving mental health services according to the survey are:

1. Lack of transportation to appointments
2. Long waiting lists to get appointments
3. Stigma around mental illness in the community

The figure below provides all of the barriers to receiving mental health services that were rated by survey respondents.

Figure 18: Barriers to receiving mental health services by survey respondents (n=325)



In this section of the report, stakeholder feedback provides context to the barriers identified by the community survey.

Needs Assessment Findings: Barriers to Entering the Mental Health System

Finding 10: ADMH offers orientation services in only one location on certain dates.

Several providers and consumers stated that the requirement that consumers come to an orientation at ADMH is a barrier to consumer access. These individuals stated in both interviews and focus groups that orientation is only available on certain days and only at the Woodland ADMH location, which is difficult for many to get to. In addition, eight percent (8%) of survey respondents reported that the ADMH orientation is a barrier to accessing services due to difficulties with scheduling, attending, or navigating the process of orientation. The requirement that all ADMH clients attend the orientation session also necessitates that students in school must take significant time off from their school day.

> *For me, that [attending orientation] is very hard. The only place that has orientation is Woodland Mental Health – that takes me 4 buses. And they schedule appointments before the buses even start running. You can't even get out there.*
>
> *If you used to be a client, and they close your case, you have to go through all of orientation again. You should only really have to do that once. The whole process takes way longer than it should for someone who really, really needs mental health services.*

Finding 11: Long intervals between scheduled appointments affect consumer's recovery and access to treatment when needed.

Consumers reported long wait times for clinician appointments, and sometimes cancellation of appointments on the part of ADMH.

> *[W]e have to wait for appointments for months. If postponed, you must wait another 3 months for a doctor. I can't see a doctor until January 10.*
>
> *I have a psychiatry appointment, and they call me 24 hours ahead to confirm that I'll be there, but then they call in the morning, and they cancel.*

Government and provider stakeholders also noted that limited clinician availability at ADMH often results in difficulties scheduling clients for follow-up appointments, with a negative impact on those clients that cannot wait another few months, weeks, or days to be seen.

> *Initially ADMH does a good job of scheduling those shots, but because they need another psychiatrist, if a client misses their appointment, they can't get in later. You can lose a lot of people that way, which might be very costly, [ending up in] hospitalizations because a clinician can't see him for a few minutes to give him a shot.*

Finding 12: Consumers' inability to access eligibility services affects their ability to enter treatment.

Some stakeholders raised concerns that the county could increase its efforts to assist prospective consumers with their applications for Medi-Cal. This is particularly problematic as over twenty percent (20%) of survey respondents identified lack of insurance or lack of clarity about insurance eligibility as a barrier to accessing services.

Several key informants noted that focusing service provision on those who are already Medi-Cal eligible prevents individuals who are re-entering the community from prison from accessing any mental health services through ADMH, as these individuals lack benefits upon release. One key informant also noted that a lot of homeless individuals also lack current Medi-Cal benefits, which prevents them from accessing county mental health services. Key informants noted that those without insurance or Medi-Cal Blue Shield or Medicare frequently experience difficulty in accessing care.

Needs Assessment Findings: Barriers to Ongoing Access of Mental Health Services

Finding 13: Many stakeholders stated that additional outreach is needed in order to educate Yolo residents about mental health issues and services in communities where there are fewer mental health professionals.

Many consumers and providers expressed that they do not have enough information about the available mental health services or how to access them. A number of providers, government agency staff, and LMHB members expressed concern that ADMH currently conducts fewer outreach efforts due to a belief that there are insufficient services/clinicians to provide to additional consumers.

One provider stated that although capacity exists in her program to serve additional clients, the County is not sending enough referrals. She expressed concern that the County might not be conducting adequate outreach to clients that need her program's services.

Several consumers and providers also spoke about the need to educate the public about mental illness in order to facilitate access to services.

> *Something that would have really helped me is educating the public about what is a real mental health disorder. I was diagnosed at 16, but my parents knew nothing about the mental health community. If they knew, and I could have been 14 [when I started treatment], that would have been amazing.*

Finding 14: Mental health services are available where ADMH facilities are, not necessarily where the consumers need them the most.

Many key informants (including providers, LMHB, consumers, and law enforcement/criminal justice stakeholders) identified a key aspect of accessing services: that the individual consumer is able to get to where the service is offered. Because services are now primarily located in Woodland, consumers living outside of Woodland have a very difficult time accessing them.

Finding 15: All stakeholder groups emphasized the importance of ensuring reliable transportation to and from treatment appointments.

Related to the above challenges regarding service location, many consumers cited difficulties they experienced in getting to appointments due to transportation problems and difficulty in navigating an inadequate transit system; for example, bus routes requiring numerous transfers, and appointments scheduled before public transportation can get the consumer to Woodland. All stakeholder groups expressed awareness of this problem, with most identifying transportation as one of the most critical needs for consumers to access mental health services.

> *Transportation, especially for seniors, is a consistent barrier. There are more barriers for people in rural parts of the county. Getting into Woodland or Davis for services can be hard.*

One LMHB member stated that if the Wellness Center is not expanded into communities outside of Woodland, the county should provide transportation for people living in Davis and West Sacramento to access the Woodland site. Another LMHB member proposed that the County hire a transportation liaison to assist with coordinating the client's transportation to appointments and to provide support where needed to help get the client to the appointment.

> *I think getting around to the place you need to go to is the hardest part. You might be in crisis and still have to take a bus.*
>
> *It's very difficult for consumers who live in small towns at edge of county in rural areas to access services. Some of those places, the bus only comes 2 times a day.*
>
> *If you live in Winters, there's one bus a day. How are they supposed to make their appointment to Woodland?*

Survey responses echoed the interviewees' statements: one-third of all survey respondents identified lack of transportation to appointments as a critical barrier to accessing services.

Stakeholders offered the following potential solutions to addressing transportation needs:

1. Some providers and LMHB members suggested that the county assist with transportation to where the services are located. For example, Amador County has co-located many services and hired a bus to pick up clients and take them to the location of the services. Others suggested providing more services in Davis and West Sacramento, including more case management and drop-in wellness centers.

2. Many consumers, providers, ADMH, and LMHB stakeholders suggested using mobile teams of care providers as one way to address the transportation access barrier:

   > *Have nurses go out into the field (e.g. a mobile clinic that would be located in the rural areas) so that they could administer medications. Or if ADMH nurses could go out and do home visits, that would be great.*
   >
   > *More mobile services should be provided to outlying areas.*

3. Many key informants also emphasized the importance of going to where the consumer can best access the services—whether that entails going to the rural areas, schools, or jails; or to other places where consumers access services, such as health clinics, primary care facilities, or DESS.

   > *[We should] have some kind of clinic in the remote settings or a social worker doing triage at least in some of the provider groups where there are existing physical health clinics….we could have at least some periodic clinic of some sort, increase transportation designed to bring people to medical and mental health appointments.*

> *It would be great to co-locate mental health professionals in the homeless mission. We struggle to get those folks into the services, and it would be great to bring the services to the people.*

Stakeholders noted that implementing such services could prevent hospitalizations and free up more resources to serve consumers in different ways.

Finding 16: Stigma continues to negatively affect consumers' access to services.

Numerous provider, consumer, LMHB, ADMH, and law enforcement/criminal justice stakeholders identified continuing stigma against individuals who need mental health services- especially among Transition-Age Youth (TAY) and within the Latino and Russian communities- as a barrier to receiving mental health services. Twenty-two percent (22%) of survey respondents identified community stigma attached to mental illness as a barrier to access.

> *What I'm seeing is the stigma of mental health services, so people don't access it even when it's available. I think part of the dilemma is educating parents [about their child's need for mental health services]. Mental illness is seen more as a weakness more than physical illness. So education is one of the solutions to breaking the stigma to getting families to access care.*

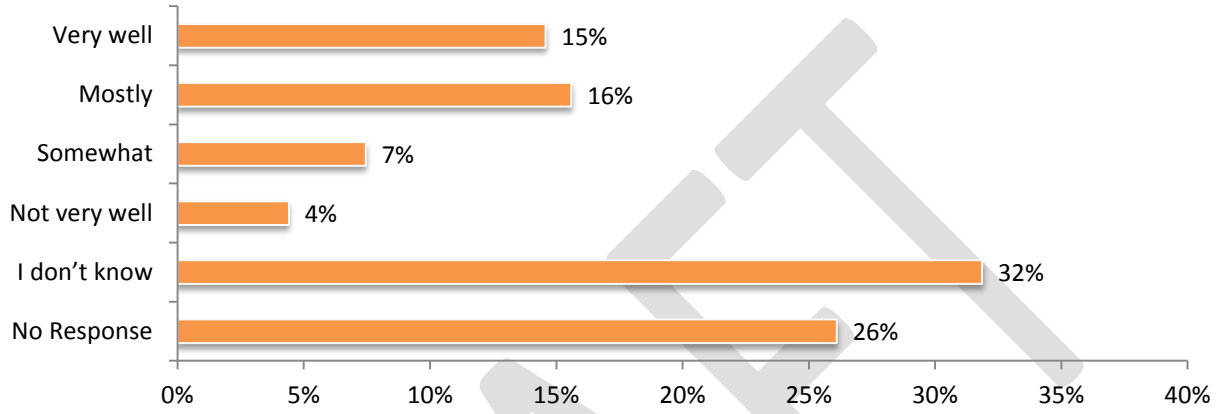
Adult consumers of mental health services stated that "money should be put into mental health education to reduce the stigma of having mental illness." They noted that such education would be helpful if available to youth today.

The LMHB seeks to address the stigma barrier to service access by developing a resource guide available to all community members so that they know what is available. They hope to put this reference resource on a county or LMHB website to reach a broad audience. Consumers also suggested that co-locating mental health services where non-mental health services are provided are provided (e.g., housing, primary medical care, job supports, etc.) would decrease the likelihood of experiencing stigma and increase their comfort with accessing mental health services.

Creating a Coordinated Mental Health System

Stakeholders noted that the county has made efforts to nurture partnerships and coordinate the collaborative efforts between community based providers, law enforcement, and other service providers. According to those who completed the community survey, nearly one third (31%) believe that agencies coordinate referrals for mental health services either very well or mostly well.

Figure 19: How well do agencies coordinate referrals for mental health services? (n=325)



Needs Assessment Findings

Finding 17: Many diverse stakeholders reported that information-sharing challenges impede access to ADMH records and mental health resources after business hours, which negatively affects access to crisis services.

Although the county has made efforts to ensure that crisis services are available for individuals in need through Crisis Intervention Team (CIT) Training and its partnership with Safe Harbor, stakeholders pointed out several difficulties in ensuring seamless referrals to crisis services and other supports.

A number of stakeholders report that currently there are few supports available for individuals undergoing a crisis after business hours and during the weekend.

> *You have to be there [at ADMH] during the working hours or you can't get help.*
>
> *Something I would really like is a nurse available on weekends because when people are going through med changes or having side effects, we have to wait all the way through the weekend to talk to someone about it. Truthfully it's kind of scary. I've had really bad side effects because of medications, and I had to go to psychiatric care unit [in the hospital] to get help.*
>
> *The only time we can actually help a patient facilitate an appointment with ADMH is during business hours….Also, [ADMH] can only admit [patients] to the crisis residential treatment during business hours. It has to do with a physician being available to place orders, and there's no physician available after hours to do that. If we had a 24-hour crisis intake line to talk to a real*

person, or CSU [crisis stabilization unit] or PES [psychiatric emergency services], that would be really helpful.

Over forty percent (40%) of survey respondents stated that agencies coordinate referrals for mental health services "somewhat well" or "not very well", or did not know whether agencies coordinate with each other regarding referrals.

Workforce Education and Training Needs

Since the MHSA was initiated, Yolo County has made strides toward fostering a recovery-focused system through staff training and capacity building opportunities. Providers noted that ADMH staff have "worked hard to create a MHSA community" and have "put their heart" into establishing MHSA services. Providers have also shown openness to innovation and growth: "We're always open to new methods, technologies, new hiring. We're not stuck in old ways." ADMH has also taken steps to hire consumers and family members, with one key informant noting that ADMH currently has family members of consumers on staff.

Yolo County funds a number of workforce education and training efforts, including Mental Health Professional Development (E-Learning), Student Loan Repayment, and others. Though technically funded under PEI, the Crisis Intervention Team (CIT) training for law enforcement professionals is seen as having a positive impact on helping to respond competently to people in mental health crisis. The following findings summarize the remaining workforce education and training needs raised by stakeholders during the planning process.

Needs Assessment Findings

Finding 18: Key informants and focus group participants identified a number of mental health staffing needs in Yolo County.

Needs identified included more psychiatrists, case managers, counselors, bilingual/bicultural staff, consumers and family member staff, and the ability to access staff after-hours.

We need more dedicated child psychiatrists. We have one, and he's spread too thin. We need more child-focused therapists.

Having a counselor or therapist from your background makes a huge difference. With Eastern European population, you really are up against some cultural barriers, and having more people from those communities would be invaluable.

Several LMHB and ADMH stakeholders suggested that, as a possible solution to the language capacity issue, the county hiring requirements for clinical staffing be revised to include proficiency in a second language relevant to the Yolo community.

Finding 19: A number of stakeholders expressed a need for mental health education for non-mental health providers.

Stakeholders stated that training should be provided to non-mental health providers such as law enforcement personnel on mental health resources available, how to access them, and how to interact with mental health consumers.

Several provider and government agency stakeholders specifically identified training of teachers and schools staff as an area that could be improved.

> *There needs to be more K-12 grade teacher education for identification and referral for services. I just don't think teachers are aware.*

> *County mental health could train teachers on how to deal with students – how to recognize differences between kids with conduct disorders and children that are truly emotionally disordered; kids with true depression as opposed to just feeling sad. Training on how do you attend to those kids, what is the true referral, how do you work with families.*

Law enforcement stakeholders overwhelmingly emphasized their commitment to ensuring that community members receive appropriate mental health services, rather than being arrested for behavioral problems. Law enforcement interviewees expressed interest in being trained on how to respond in a sensitive and appropriate manner to incidents involving individuals with mental illness, and gave examples of officers who had attended groups with mental health consumers to learn more about how to interact with them in positive ways

Finding 20: Key informants from consumer and provider stakeholder groups report a need to train individuals in consumer-facing positions on how to interact with mental health consumers.

Several key informants stated that individuals on the front line of dealing with consumers (such as those who answer the telephone or sit at front desks for various government and provider agencies) should receive training on how to work with the mentally ill population. Consumers stated that negative interactions with such individuals frequently had an impact on their desire to seek help or access treatment.

Finding 21: Providers expressed a desire for more training and skill-building in mental health treatment approaches and practices.

Interviewees stated they would like to receive more training on cognitive behavioral therapy (CBT) and evidence-based practices for mental health workers dealing with both youth and adult populations. One provider stated that training on how to be effective within just 6-12 sessions (short term therapy) would be helpful. Another stated that training on family functional therapy was needed. Some providers and consumers expressed a need for cultural sensitivity training for all CBO and county providers. One provider expressed a desire for WET funding to focus on "creating a trauma-informed system at every level, not just in mental health provider agencies, but in the jail and juvenile detention facility – places where our clients get retraumatized."

Finding 22: Survey responses suggest a need to investigate whether increased job opportunities for mental health clients and family members in MHSA services can be provided.

In response to the question "How well are job opportunities for clients and family members included in MHSA services?" about eighty percent (80%) of surveys received stated "not very well," "somewhat," "I don't know" or didn't provide an answer.

Capital Facilities and Technological Needs

Overall, stakeholders spoke highly of the existing facilities for mental health services, noting that programs such as Safe Harbor and YCCC offer welcoming, homey environments. Stakeholders also noted that there are a number of available spaces that the county could use to provide additional or expanded services.

Finding 23: Many consumers, providers, and LMHB stakeholders identified co-location of services as a good practice and possible solution to service access problems.

Most focus group and key informants supported the co-location of services. These stakeholders stated that co-location of services (for example, having primary care, mental health services, and alcohol and drug treatment) all in one area or location would enable greater responsiveness to community needs. One interviewee noted that "we provide referrals, but sometimes they just don't make it to the referred services. If we were all in the same building - that could make a huge difference." Several consumers and providers also noted that co-locating mental health services in primary care or other social support service sites might reduce barriers to access for individuals who may be hesitant to walk in the door of a mental health service agency due to stigma around mental health issues.

A number of stakeholders suggested that mental health agencies should coordinate with schools to provide services to students located at the schools.

> *ADMH should do more outreach to schools, children, and the TAY population, which is a little harder to reach. I've heard there are kids with mental health issues in our high school and cannot completed academic milestones with those issues. We should offer resources for them in the school or through a clinic out here in West Sacramento.*

Stakeholders also identified primary care providers (for example, medical clinics) and law enforcement contacts as a point of entry for referral. They noted the importance of providing referral information to the key points of access in these agencies and proposed that mental health staff be made available at these locations.

Finding 24: Many interviewees and focus group participants expressed a need for wellness centers in areas outside of Woodland.

Many consumers stated that the one Wellness Center located in Woodland does not effectively serve the many consumers needing a safe and welcoming space through which to access daily programs and engage with others. Consumers emphasized the need for Wellness Centers in West Sacramento and Davis.

In addition, some consumers and providers expressed concern about the adequacy of the Wellness Center space in Woodland and the institutional feel of the environment. Several mentioned a need for more space for group sessions and meals, as well as a need for a fully-functional kitchen to enable additional enrichment and independent living skills programs related to nutrition and cooking.

Finding 25: Interviewees and focus group participants emphasized the need for facilities that support continuity between services and supports across all stages of recovery.

Stakeholders across the board (law enforcement, service providers, and the LMHB) emphasized the need to implement more solution-oriented and cost-effective alternatives to simply having individuals check into a hospital or face incarceration.

One LMHB member suggested there should be a drop-in center available for people having a difficult time during the weekend when they cannot access an ADMH staff for a program referral. Another noted that "as far as crisis intervention, Woodland Hospital-that is the only point of entry."

Some LMHB members stated that there should be an intermediate level of crisis services, a place where someone could go for assistance prior to checking in at a hospital. Many provider and government agency stakeholders identified the need for a 23-hour Psychiatric Health Facility (PHF), "a place where mentally ill people could [check] into, get evaluated, get figured out, and it may even include a bed." Some key informants stated that efforts were underway to develop such a facility.

Interviewees also stated that there should be facilities (both residential and day treatment) available for those consumers not in crisis, but as a step down from the crisis stage, supporting a consumer's movement on the continuum toward recovery.

> *I'd like to see a higher level of care, a Stepping Stones [type program], a bit more involved than the wellness center…mandatory for folks moving out of IMD and higher level care, [to assist with] transitioning, because we experience a lot of failures, even with wraparound. They would go every day, and we can see how you're transitioning before you go to transitional housing, co-op, etc., to live with other people. Sort of a mandatory intensive day service.*
>
> *We need an upstream and downstream approach (early intervention and scaling down) – money and services need to go to both areas.*

Finding 26: Stakeholders identified after-hours access to consumer records and mental health resources as technological improvements that would support better access to services.

Many interviewees identified the lack of after-hours/weekend access to consumer records and eligibility for ADMH services as problems that improved technology could address.

> *It would be nice to have a system where you could get a sense of how the person [consumer] is connected to other services, are they compliant…in what ways can we support them?*

MHSA Three-Year Program Plan

Introduction

Using the findings from the needs assessment portion of the CPP, RDA facilitated four strategy roundtable discussions and three community meetings to solicit ideas and feedback on potential strategies and programs to address the gaps in mental health services. Program discussions focused on:

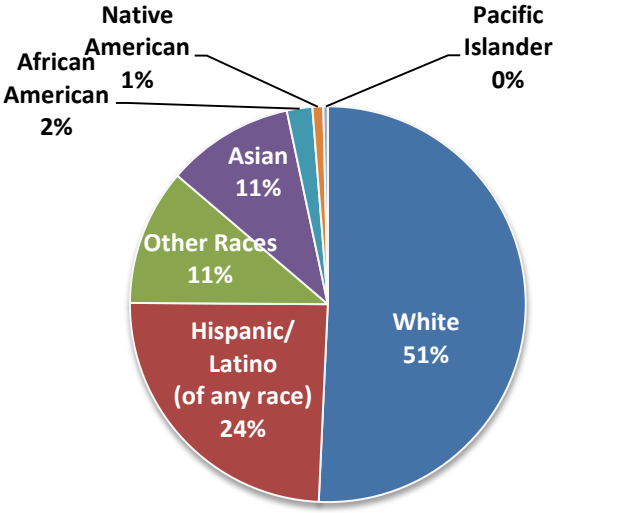
- How can we make modifications to current programs to address the gaps?
- What enhancements are needed to current programs to address the gaps?
- What new programs may be needed to address the gaps?

The discussion was facilitated to gather innovative, creative, and effective ideas, but that had an evidence base and was in accordance with MHSA rules and regulations. Each meeting began with a discussion of the MHSA values to ensure that program ideas were in alignment with the intent of the MHSA. This section provides detailed descriptions of each of the proposed program for Yolo County's MHSA *Three-Year Program and Expenditure Plan 2014 – 2017.*

Description of Yolo County Demographics

Yolo County ADMH serves a geographical region covering 1,021 square mile that includes a population of over 201,900 residents (as of May 2012). The majority of Yolo County's population resides in three main population centers: Davis (pop. 65,052) and home of the University of California, Davis campus; Woodland (pop. 55,646) and the location of Yolo ADMH's main branch; and West Sacramento (pop. 49292) which is bordered by the Sacramento River towards the northeast of the county. The county is home to a mix of economic activity that spans agriculture, academia, and industrial employment. Like most all counties in California, Yolo was severely affected by the economic recession that began in 2008. In 2013, the county's average unemployment rate is 9.4% (as of April 2013) compared to the state's average unemployment rate of 9%.

Figure 20: Yolo County Race/Ethnicity Population,



The ethnic makeup of Yolo County is predominantly White (63.2%), with Native American (13.0%), and Pacific Islander (13.9%) followed by African American (1.1%) and Asian (0.5%). Slightly over 30% of the population is Latino and there is a significant Russian immigrant population living in Yolo County as

well. Yolo County's Medi-Cal primary threshold languages are Spanish and Russian.

MHSA Components and Planned Programs

Community Services and Supports (CSS)

Program Name:	**Children's Mental Health Services**			
Status:	☐New		☒Continuing	
Priority Population:	☒Children Ages 0 – 17	☐Transitional Age Youth Ages 16 – 24	☐Adult Ages 24 – 59	☐Older Adult Ages 60+

Program Description

The CSS Children's Mental Health Services program serves Yolo County children up to age 17 (and their families) who have psychiatric disabilities or serious emotional disturbance and those with unmet or under-met mental health treatment needs. This program provides a blend Full Service Partnership (FSP), System Development (SD), and Outreach and Engagement (O&E) services. This program also emphasizes services to school-age children who are Latino and/or are English learners. A bilingual-bicultural clinician provides most of the direct services to Latino children experiencing serious emotional difficulties. Services are available to children county-wide and include specific outreach into rural portions of the county where a disproportionate number of Yolo County residents are English learners and live in poverty.

This program addresses the needs identified through the CPP process that include access to case management and psychiatry as well as a continuum of services across the County. In previous years, this program focused on providing services to children and families in the Western part of the County, which is predominantly rural, and the Woodland area. This plan expands the availability of services across the county. Additionally, this program has provided support services from a family partner. As part of the CPP process, stakeholders identified a need for increased support for families who are entering the mental health system to address the possible confusion a family may experience as they are both learning how to navigate the service system while coping with a child with mental health issues. Through the CPP process, stakeholders prioritized increasing the number of family partners available to families with children in this program and enhance the role of family partners to include additional outreach and engagement, case management, and mobile service provision.

Children's Mental Health Services includes the following key activities:

- Conduct outreach and engagement services to identify children and families who are in need of mental health services that are culturally relevant and gender responsive.
- Provide intensive support services to children classified as Full Service Partners and their families, including individual and family therapy.
- Provide community based service provision available at the child or youth's home, schools, primary care clinics, and community programs.
- Deliver mobile services, including assessment, treatment, and Telepsychiatry, to reach children and their families who cannot access Yolo ADMH in Woodland or other services as a result of barriers to access (rural, transportation difficulties, etc.) or other disabilities.
- Provide navigation and linkages to families in need of resources in the community for mental health services through a Family Partner.
- Collaborate with the county's school districts to provide mental health services to children

identified as in-need, and/or to provide information and referrals to families.

- Coordinate with urban and rural CBOs to provide PEI services to children and youth identified as at-risk for developing more serious emotional issues, or manifesting signs of mental illness.
- Mentor youth and children.
- Operate a 24-hour crisis phone line and refer to crisis services and supports.
- Provide children/families with appropriate benefits assistance, including Social Security Disability Insurance or Supplemental Security Income, Medi-Cal or Medicare, as well as referrals to advocacy services.
- Educate children, youth, and their families or other caregivers regarding mental health diagnosis and assessment, medications, services and supports planning, treatment modalities, and other information related to mental health services and the needs of children and youth.
- Provide integrated physical and mental health services, which includes co-location and/or collaboration with primary care clinics or other health care sites and providers.
- Provide transportation to children, youth, and their families to mental health appointments at Yolo ADMH.
- Refer and link clients to other community-based providers for other needed social services and primary care.

Goals and Objectives

Goal:	Children's Mental Health Services aims to provide Full Service Partnership, System Development, and Outreach and Engagement services to all children up to age 17 in Yolo County who are experiencing serious emotional difficulties.
Objective 1:	Increase the level of participation and involvement of ethnically diverse and Caucasian families in all aspects of the public mental health system.
Objective 2:	Reduce ethnic and cultural disparities in accessibility, availability and appropriateness of mental health services and to more adequately reflect mental health prevalence estimates.
Objective 3:	Increase the array of community supports for children and youth diagnosed with serious emotional disturbance and their families.
Objective 4:	Improve success in school and at home, and reduce institutionalization and out of home placements.

Numbers to be served FY 14 - 15:	**207**	**Proposed Budget Amount FY 14 - 15:**	**$423,718**
Cost per Person FY 14 – 15:	**$2,047**	**Total Proposed Budget Amount:**	**$1,271,154**

Program Name:	**Pathways to Independence**			
Status:	☐New		☒Continuing	
Priority Population:	☐Children Ages 0 – 15	☒Transitional Age Youth Ages 16 – 24	☐Adult Ages 24 – 59	☐Older Adult Ages 60+

Program Description

The CSS Pathways to Independence program serves Yolo County Transitional Age Youth (TAY) ages 16 – 24 years (and their families) who are experiencing serious mental illness while transitioning to adulthood. This includes youth experiencing homelessness or serious risk for homelessness, emancipating from the foster care system or juvenile hall, involved with or at risk of involvement with the criminal or juvenile justice system, or experiencing a first episode of serious mental illness. This

program provides a blend of Full Service Partnership (FSP), System Development (SD), Outreach and Engagement (O&E) services, and includes a proposal to further develop TAY Wellness Center activities.

This program addresses the needs identified through the CPP process that include access to case management and psychiatry as well as a continuum of services across the County. In previous years, this program provided services through a TAY Wellness Center. In the recent past, the TAY Wellness Center was co-located with the adult Wellness Center. Through the CPP process, stakeholders, and specifically young people, identified the need to separate TAY Wellness Center services from adult services. This plan provides for the establishment of a TAY Wellness Center. The TAY Wellness Center is currently planned to be developed in Davis, although stakeholders identified a need for TAY services in both Davis and West Sacramento. During the start-up phase for TAY Wellness Center services, ADMH will evaluate the feasibility of Wellness Center services in Davis and West Sacramento to determine the most appropriate site(s) for the services. As part of the CPP process, stakeholders also identified a need for increased support for young people who are entering the mental health system and to navigate the service system. Through the CPP process, stakeholders prioritized the development of outreach specialists and/or peer navigators who would be available to support young people entering the system and provide additional outreach and engagement, case management, and mobile services.

Pathways to Independence conducts the following key activities:

- Provide intensive support services and case management to TAY identified as Full Service Partners, including individual therapy and other collateral support, when needed.
- Develop integrated service plans that identify needs in the areas of mental health, physical health, education, job training, employment, housing, socialization, independent living skills, and funding options.
- Provide seamless linkages between the children/youth mental health system and the adult mental health system as appropriate.
- Provide medication management services and nursing support.
- Provide TAY Partners with appropriate benefits assistance to enroll in entitlement programs for which they are eligible and to facilitate emancipation including Social Security Disability Insurance, Supplemental Security Income, and Medi-Cal.
- Assist youth with location appropriate affordable housing in the community, including permanent affordable housing with combined supports for independent living.
- Provide life skills development to promote healthy independent living.
- Assist TAY with developing employment related readiness skills and with seeking employment.
- Support TAY to graduate high school and pursue college or vocational school.
- Provide referrals and navigation support for substance abuse treatment services, when needed.
- Provide rehabilitative wellness programs, services, group support, and age-appropriate socialization activities at a TAY Wellness Center in Davis, California.
- Transport TAY clients to and from appointments or the TAY Wellness Center in Davis and support in helping TAY obtain a driver's license when appropriate.
- Provide services to support families of youth during this period.
- Operate a 24-hour crisis phone line and refer to crisis services and supports.

- Educate youth and their families or other caregivers regarding mental health diagnosis and assessment, medications, services and supports planning, treatment modalities, and other information related to mental health services and the needs of TAY.
- Provide navigation and linkages to TAY in need of resources in the County or community for mental health services through a Peer Navigator/ Outreach Specialist.
- Refer and link clients to other community-based providers for other needed social services and primary care.
- Deliver mobile services, including assessment, treatment, and Telepsychiatry, to reach TAY who cannot access Yolo ADMH in Woodland or other services as a result of barriers to access (rural, transportation difficulties, etc.) or other disabilities.

Goals and Objectives	
Goal:	Pathways to Independence aims to provide Full Service Partnership, System Development, and Outreach and Engagement services to youth ages 16-24 in Yolo County who are experiencing serious mental illness while transitioning to adulthood.
Objective 1:	Increase the level of participation and involvement of ethnically diverse and Caucasian young people in mental health services throughout the County.
Objective 2:	Reduce ethnic and cultural disparities in accessibility, availability and appropriateness of mental health services and to more adequately reflect mental health prevalence estimates.
Objective 3:	Support successful transition from the foster care and criminal justice systems.
Objective 3:	Promote educational and vocational achievement.

Numbers to be served FY 14 - 15:	**155**	**Proposed Budget Amount FY 14 - 15:**	**$921,149**
Cost per Person FY 14 – 15:	**$5,943**	**Total Proposed Budget Amount:**	**$2,763,446**

Program Name:	**Wellness Alternatives for Adult Consumers**			
Status:	☐New		☒Continuing	
Priority Population:	☐Children Ages 0 – 15	☐Transitional Age Youth Ages 16 – 24	☒Adult Ages 24 – 59	☐Older Adult Ages 60+

Program Description

The CSS Wellness Alternatives for Adult Consumers program serves Yolo County Adults ages 25 – 59 years with serious mental illness who may be experiencing homelessness or at risk for homelessness, have criminal justice system involvement, have a co-occurring substance abuse disorder, or have a history of frequent use of hospital and emergency room utilization. This program provides a blend of Full Service Partnership (FSP), System Development (SD), Outreach and Engagement (O&E) services, and activities through the Wellness Center in Woodland, California. The primary focus of Wellness Alternatives for Adult Consumers is to meet the mental health treatment needs of un-served, under-served, and inappropriately served adults in Yolo county with serious mental illness. The FSP component of the program includes an Assertive Community Treatment (ACT) team, as well as the continuation of small assisted outpatient treatment program, also referred to as Laura's Law, for those who are unable to accept voluntary treatment and are at continued risk of harm.

This program addresses the needs identified through the CPP process that include access to case management and psychiatry as well as a continuum of services across the County. As part of the CPP

process, stakeholders also identified a need for increased support for adults who are entering the mental health system or may be at risk of "falling out" of care. Through the CPP process, stakeholders prioritized the development of outreach specialists and/or peer navigators who would be available to support adults throughout their participation in the service system and provide additional outreach and engagement, case management, and mobile services.

The Woodland Wellness Center, a component of this program, provides services to those in Full Service Partnerships where clients can access an array of consumer-driven services and social/recreational programming. Programming at the Woodland Wellness Center focuses on consumer education, vocational skills, life-skills development, socialization, and wellness or recovery that is culturally competent. The CPP process identified the need for Wellness Center services in other parts of the County, with a priority in West Sacramento. The County is currently exploring the feasibility of expanding other mental health services to additional locations. If a service center can be developed in West Sacramento through other funding mechanisms, the County will prioritize co-locating Wellness Center services as a part of this program at that location.

Wellness Alternatives for adults includes opportunities to access housing, self-help programs, employment supports, family involvement, substance abuse treatment, assistance with criminal court proceedings, and crisis stabilization assistance, thereby offering several alternatives to support the individual client's prospects for wellness and recovery. Key activities of Wellness Alternatives for Adult Consumers include:

- Conduct integrated assessment that provides comprehensive mental health, social, physical health and substance abuse trauma assessments, which are strength-based, and focus on client/family member engagement.
- Provide intensive support services and case management to homeless and impoverished adults identified as Full Service Partners, including individual therapy and collateral support where needed.
- Provide Assertive Community Treatment (ACT) for acutely mentally ill consumers who have experienced repeated hospitalizations and/or had a history of placement in an Institute for Mental Disease (IMD).
- Provide medication management services and nursing support.
- Provide adults with appropriate benefits assistance, including Social Security Disability Insurance or Supplemental Security Income, Medi-Cal or Medicare, as well as referrals to advocacy services.
- Conduct outreach services for persons who are homeless or at risk of homelessness that involve persistent, non-threatening, outreach and engagement services.
- Assist homeless adults and adults without stable housing by locating appropriate, safe, and affordable housing in the community.
- Provide referrals and navigation support for substance abuse treatment services, when needed.
- Provide opportunities for clients to socialize and learn alongside clients from neighboring counties.
- Provide supportive living services to maintain housing.
- Promote self-care and healthy nutrition.
- Assist interested adults to find employment and volunteer experiences to enhance their integration in the community.

- Promote pro-social activities, including creative or artistic expression as related to self-care.
- Transport adult clients to and from appointments or the Woodland Wellness Center.
- Operate a 24-hour crisis phone line and refer to crisis services and supports.
- Provide resources and information on skills for daily living.
- Provide programs, services, group support, and socialization activities at the Woodland Wellness Center.
- Provide navigation and linkages to adults in need of resources in the County or community for mental health services through a Peer Navigator or Outreach Specialist.
- Refer and link clients to other community-based providers for other needed social services and primary care.
- Deliver mobile services, including assessment, treatment, and Telepsychiatry, to reach adults who cannot access Yolo ADMH in Woodland or other services as a result of barriers to access (rural, transportation difficulties, etc.) or other disabilities.

Goals and Objectives

Goal:	The CSS Wellness Alternatives for Adult Consumers program aims to meet the mental health treatment needs of un-served, under-served, and inappropriately served adults in Yolo county with serious mental illness who may be experiencing homelessness or at risk for homelessness, have criminal justice system involvement, have a co-occurring substance abuse disorder, or have a history of frequent use of hospital and emergency room utilization.
Objective 1:	Provide treatment and care that promote wellness, recovery, and independent living.
Objective 2:	Reduce the impact of living with serious mental illness (i.e. homelessness, incarceration, poverty, isolation).
Objective 3:	Promote the development of life skills and opportunities for meaningful daily activities.

Numbers to be served FY 14 - 15:	**410**	**Proposed Budget Amount FY 14 - 15:**	**$3,588,132**
Cost per Person FY 14 – 15:	**$8,752**	**Total Proposed Budget Amount:**	**$10,764,395**

Program Name:	**Older Adult Outreach and Assessment**			
Status:	☐New		☒Continuing	
Age Group:	☐Children Ages 0 – 15	☐Transitional Age Youth Ages 16 – 24	☐Adult Ages 24 – 59	☒Older Adult Ages 60+

Program Description

The CSS Older Adult Outreach and Assessment Program (OAOAP) serves Yolo County Older Adults ages 60 years and over with serious mental illness who are at risk of losing their independence or institutionalization as a result of mental health problems. These individuals may also have underlying medical and/or co-occurring substance abuse problems or be experiencing the onset of mental illness later in life. OAOAP provides a blend of Full Service Partnership (FSP), System Development (SD), Outreach and Engagement (O&E) services, and necessary assessments for seniors with mental health issues who are at-risk of losing their independence. Our Older Adult Senior Peer Counselor Volunteers PEI Program coordinates with OAOAP to provide opportunities for earlier interventions to avoid crisis situations for older adults and create more opportunities for their support through companionship and counseling. Services continue to be voluntary, client-directed and strength-based.

Volunteers and staff employ wellness and recovery principles, addressing both immediate and long-term needs of program members, and they deliver services in a timely manner that is sensitive to the cultural needs of those served.

This program addresses the needs identified through the CPP process that include access to case management and psychiatry as well as a continuum of services across the County. As part of the CFTN component, stakeholders prioritized using Telepsychiatry to gain access to a geriatric psychiatrist for this program. While the equipment for the Telepsychiatry is included in the CFTN component, the psychiatry services will be provided through OAOAP. As part of the CPP process, stakeholders also identified a need for increased support for older adults who may be isolated, are entering the mental health system for the first time, or may be at risk of "falling out" of care. Through the CPP process, stakeholders prioritized the development of outreach specialists and/or peer navigators who would be available to support older adults throughout their participation in the service system and provide additional outreach and engagement, case management, and mobile services.

The Older Adult Outreach and Assessment program conducts the following activities:

- Conduct integrated assessment that provides comprehensive mental health, social, physical health and substance abuse trauma assessments, which are strength-based, and focus on client/family member engagement.
- Provide intensive support services and case management to Older Adults classified as Full Service Partners, including individual and family therapy, medication management, nursing support, and linkages to other services.
- Educate the client and their families or other caregivers regarding mental health diagnosis and assessment, psychotropic medications and their expected benefits and side effects, services and supports planning, treatment modalities, and other information related to mental health services and the needs of older adults.
- Assist with transportation to and from key medical, psychiatric, and benefits-related appointments.
- Conduct outreach services for persons who are homeless, at risk of homelessness, and still in their homes that involve persistent, non-threatening, outreach and engagement services through service providers or Senior Peer Counselor volunteers.
- Promote positive contact with family members.
- Assist families to deal with mental decline of an elder.
- Coordinate with the Department of Employment and Social Services regarding the involvement of Adult Protective Services (APS).
- Coordinate with the Public Guardian's Office regarding conservatorship of clients incapable of self-care.
- Coordinate with local multidisciplinary alliances to identify and assist older adults in need of mental health treatment.
- Coordinate with assisted living opportunities to provide a smooth transition, when needed.
- Coordinate with the Senior Peer Counselor Volunteer Program to match volunteers with seniors to prevent social isolation and to promote community living.
- Provide clinical support to Senior Peer Counselor Volunteers, who report on clients' progress or decline.
- Train volunteers and staff on addressing suicide among older adults, especially males who are

at higher risk.
- Assist with maintaining healthy independent living, while avoiding social isolation.
- Assist older adults with serious mental illness to locate and maintain safe and affordable housing.
- Provide older adults with appropriate benefits assistance, including Social Security Disability Insurance or Supplemental Security Income, Medi-Cal or Medicare, as well as referrals to advocacy services.
- Operate a 24-hour crisis phone line and refer to crisis services and supports.
- Refer and link clients to other community-based providers for other needed social services and primary care.
- Deliver mobile services, including assessment, treatment, and Telepsychiatry, to reach older adults who cannot access Yolo ADMH in Woodland or other services as a result of barriers to access (rural, transportation difficulties, etc.) or other disabilities.

Goals and Objectives

Goal:	The OAOAP aims to provide treatment and care that promote wellness, reduce isolation, and extend the individual's ability to live as independently as possible.
Objective 1:	Support older adults and their families through the aging process to develop and maintain a circle of support thereby reducing isolation.
Objective 2:	Promote the early identification of mental health needs in older adults to prevent suicide, isolation, and loss of independence and address co-occurring medical and substance use needs.
Objective 3:	Coordinate an interdisciplinary approach to treatment that collaborates with the relevant agencies that support older adults.

Numbers to be served FY 14 - 15:	**204**	**Proposed Budget Amount FY 14 - 15:**	**$425,787**
Cost per Person FY 14 – 15:	**$2,087**	**Total Proposed Budget Amount:**	**$1,277,360**

Program Name:	**Access to Care for Homeless and the Indigent Program**			
Status:	☒New		☐Continuing	
Age Group:	☐Children Ages 0 – 15	☒Transitional Age Youth Ages 16 – 24	☒Adult Ages 24 – 59	☒Older Adult Ages 60+

Program Description

Access to Care for Homeless and the Indigent Program (ACHIP) began February 1, 2012 as a Yolo County MHSA Innovation project (called "Greater Access Program" or GAP) and is being incorporated into CSS to provide a blend of System Development (SD) and Outreach and Engagement services to adults ages 18 years and older who are uninsured or underinsured, may be experiencing homelessness, and/or have recently been released from the hospital or jail. ACHIP provides outreach, assessment, and treatment services to support these individuals to find safe and affordable housing, mental health services, medication management, benefits-assistance, and referrals and linkages to other county mental health treatment providers, when needed.

ACHIP expands the reach of Yolo County mental health services by outreaching to adults who may otherwise not seek or access mental health treatment. ACHIP partners with clients to secure entitlement benefits for which the person may be eligible including financial and income assistance

programs as well Medi-Cal and Medicare. ACHIP helps to ensure a seamless system of mental health treatment and navigation, especially for those individuals who may not otherwise receive treatment through Yolo County's Wellness Alternatives for Adult Consumers program.

This program addresses the need to provide mental health services for individuals at all stages of recovery as well as supports before, during, and after crisis events. The ACHIP program is available to individuals who may be at various stages of recovery and in-need of mental health services but require additional outreach to engage in service. Additionally, the ACHIP program responds to the need to increase access to psychiatry and eligibility services by providing these services while someone is still receiving outreach and engagement services.

Key activities included in the ACHIP program are:

- Outreach and engage homeless and unstably-housed adults in Yolo County.
- Provide benefits assistance to clients to secure entitlement benefits for which they are eligible, including Social Security Disability Income (SSDI) or Supplemental Security Income (SSI).
- Enroll clients in Medi-Cal or Medicare.
- Connect clients to crisis stabilization services when needed.
- Provide intensive case management services and social supports.
- Provide psychiatric and medication management services.
- Assist clients to secure safe and affordable housing.
- Provide navigation and linkages to adults in need of resources in the County or community for mental health services through a Peer Navigator or Outreach Specialist.
- Refer and link clients to other community-based providers for other needed social services and primary care.

Goals and Objectives	
Goal:	The GAP program aims to provide outreach, assessment, and treatment services that support individuals who may not otherwise seek mental health services.
Objective 1:	Provide benefits assistance to enroll individuals in entitlement programs for which they are eligible.
Objective 2:	Secure safe and affordable housing for individuals that may include temporary, transitional, and permanent supportive housing.
Objective 3:	Provide case management and medication supports for individuals who are in the process of applying for entitlement and other programs.

Numbers to be served FY 14 - 15:	**60**	**Proposed Budget Amount FY 14 - 15:**	**$300,000**
Cost per Person FY 14 – 15:	**$5,000**	**Total Proposed Budget Amount:**	**$900,000**

Program Name:	**Co-Occurring Disorders Harm Reduction Services**			
Status:	☒New		☐Continuing	
Age Group:	☐Children Ages 0 – 15	☒Transitional Age Youth Ages 16 – 24	☒Adult Ages 24 – 59	☒Older Adult Ages 60+

Program Description
The Co-Occurring Disorders Harm Reduction Services (CODHR) program began February 1, 2012 as a

Yolo County MHSA Innovation project (called "Free to Choose") and is being incorporated into CSS to serve adults ages 18 years and older with co-occurring disorders. CODHR will serve adults in Full Service Partnerships (FSP) and any non-FSP adults through System Development (SD) that meet CODHR's criteria. The priority population for CODHR is adults experiencing co-occurring mental health and substance use disorders who receive mental health treatment and substance abuse services based on the principles of Harm Reduction. CODHR embeds adults with co-occurring disorders within a treatment and service system that acts as a bridge to other and/or more intensive rehabilitation services.

This project addressed the need to enhance services for those with co-occurring disorders as well as provide services to individuals at all stages of recovery. Recognizing that people with co-occurring disorders may not choose abstinence, CODHR provides the supports necessary to reduce the harm associated with substance use while continuing to engage in integrated recovery supports and other mental health services.

CODHR includes the following activities:

- Provide intensive case management services and social supports to reach and maintain self-identified sobriety and mental health recovery goals.
- Assist clients to secure safe and affordable housing.
- Facilitate group and individual therapy and/or counseling.
- Conduct drug overdose prevention and education activities.
- Provide navigation and linkages to adults in need of resources in the County or community for mental health services through a Peer Navigator or Outreach Specialist.
- Refer and link clients to other community-based providers for other needed social services and primary care.

Goals and Objectives

Goal:	DDHR aims to provide integrated harm reduction services to adults with co-occurring disorders to reduce the impact of substance use while continuing to address mental health needs.
Objective 1:	Reduce the likelihood that people with active substance use will "fall out" of care.
Objective 2:	Promote self-directed recovery from co-occurring disorders that reduces the risk of harm from substance use.
Objective 3:	Address psychosocial needs and barriers to wellness and recovery through a client-directed approach to increase motivation towards each individual's goals.

Numbers to be served FY 14 - 15:	**75**	**Proposed Budget Amount FY 14 - 15:**	**$100,000**
Cost per Person FY 14 – 15:	**$1,333**	**Total Proposed Budget Amount:**	**$300,000**

Prevention and Early Intervention (PEI)

Prevention Programs

Project Name:	**Yolo Wellness Project (3 programs)**			
Program 1 Name:	*Urban Children's Resiliency Program*			
Status:	☐New		☒Continuing	
Age Group:	☒Children Ages 0 – 15	☒Transitional Age Youth Ages 16 – 24	☐Adult Ages 24 – 59	☐Older Adult Ages 60+

Program Description

Urban Children's Resiliency Program provides evidence-based services and offers promising practices in Outreach and Engagement of at-risk children and youth in urban areas of Yolo County. This program targets children and youth who experience emotional difficulties and/or are exhibiting high-risk behaviors. Urban Children's Resiliency operates in the three major school districts of Yolo County.

This program addresses needs identified through the CPP process that include expanding the reach of mental health services outside of typical service settings and providing services likely to reduce stigma associated with receiving services.

Urban Children's Resiliency includes evidence-based curriculums to engage underserved youth in creative activities that build their resiliency and help to prevent further emotional/mental health trauma. The program includes the following activities:

- Support children and youth to increase their skills in anger management, self-esteem and relationship building, and cognitive life skills.
- Promote pro-social activities.
- Support parents to learn strength's based parenting skills.
- Offer instructions to parents and teachers in using relationship building skills to help their child/student to learn responsibility, and how to develop healthy adult-child relationships through empathy and mutual respect.
- Coach older youth alternative coping strategies to adapt to life challenges including goal setting and skills for problem solving.
- Promote involvement of community agencies, organizations, and businesses to implement programs that engage underserved youth in organized, creative activities. Targeted outreach and engagement includes youth who have been involved with the criminal justice/juvenile justice systems. Activities help youth develop positive relationships with community members and resiliency to protect against drug use, mental health related hospitalizations, and the need for intensive mental health services.

Goals and Objectives

Goal:	Urban Children's Resiliency aims to engage underserved youth in creative activities that build their resiliency and help to prevent further emotional/mental health trauma.
Objective 1:	Provide evidence based curricula to support the development of socially appropriate skills and behaviors.
Objective 2:	Strengthen children and youth relationships with peers and supportive adults.
Objective 3:	Support the development of developmentally appropriate coping and problem-solving skills.

Numbers to be served FY 14 - 15:	**4,100**	**Proposed Budget Amount FY 14 - 15:**	**$603,000**

Cost per Person FY 14 – 15:	**$147**	**Total Proposed Budget Amount:**	**$1,809,000**

Project Name:	**Yolo Wellness Project (3 programs)**			
Program 2 Name:	*Rural Children's Resiliency Program*			
Status:	☐New		☒Continuing	
Age Group:	☒Children Ages 0 – 15	☒Transitional Age Youth Ages 16 – 24	☐Adult Ages 24 – 59	☐Older Adult Ages 60+

Program Description

Rural Children's Resiliency Program provides evidence-based services and offers promising practices in Outreach and Engagement of at-risk children and youth in rural areas of Yolo County, including the Esparto Unified School District and Winters Joint Unified School District. This program targets children and youth who experience emotional difficulties and/or are exhibiting high-risk behaviors, and their families. Services are conducted in settings that are most familiar to children and families, and use bilingual-bicultural staff in areas with a high proportion of non-English speaking populations, such as in Winters, Esparto, and Madison where 50% – 76% of the population is Latino/Hispanic (U.S. Census Bureau, 2010). By doing so, the program offers underserved Latino/Hispanic and other rural populations increased access to mental wellness activities and service referrals to ADMH.

This program addresses needs identified through the CPP process that include expanding the reach of mental health services outside of typical service settings and providing services likely to reduce stigma associated with receiving services. This program also addresses the CPP identified need to continue to target services in rural areas as well as in the Latino community.

Rural Children's Resiliency uses the following activities to enhance life skills, build resiliency, and promote mental wellness:

- Facilitate groups for children experiencing divorce of their parents, support groups for high-risk and troubled youth at alternative high school settings, discussion groups for girls in their early teens, and anger management groups for children.
- Organize outdoor activities.
- Coordinate with *Club Live* drug education programs.
- Offer resiliency-focused coaching and career counseling for youth who engage in community activities that segue into paid employment.

Goals and Objectives

Goal:	Rural Children's Resiliency aims to enhance life skills, build resiliency, and promote mental wellness among rural children, youth, and families.
Objective 1:	Provide emotional and psychosocial support to children and youth who may be experiencing life stressors.
Objective 2:	Strengthen children and youth relationships with peers and supportive adults.
Objective 3:	Support the development of coping and problem-solving skills.
Objective 4:	Promote engagement in civic and vocational skill development activities.

Numbers to be served FY 14 - 15:	**425**	**Proposed Budget Amount FY 14 - 15:**	**$270,319**
Cost per Person FY 14 – 15:	**$636**	**Total Proposed Budget Amount:**	**$810,957**

Project Name:	**Yolo Wellness Project (3 programs)**			
Program 3 Name:	*Senior Peer Counselor Volunteers*			
Status:	☐New		☒Continuing	
Age Group:	☐Children Ages 0 – 15	☐Transitional Age Youth Ages 16 – 24	☐Adult Ages 24 – 59	☒Older Adult Ages 60+

Program Description

Senior Peer Counseling mobilizes a cadre of volunteers from the community to provide free, supportive counseling and visiting services for Older Adults in Yolo County. The target population of this program is Older Adults ages 60 years and over who are troubled by loneliness, depression, loss of spouse, illness, or other concerns of aging. By providing psychosocial supports and identifying possible signs and symptoms of mental illness early on, Senior Peer Counselors hopes to assist Older Adults to live independently in the community for as long as reasonably possible. This program addresses the specific needs identified through the CPP process to provide services throughout Yolo County and at all stages of recovery.

The Senior Peer Counseling program conducts the following activities:

- Recruit, screen, and coordinate all peer counselor volunteers.
- Train peer counselors in mental health resources, signs of mental illness, and how to work with older adults experiencing mental illness.
- Visit Older Adults in the home or in the community to provide companionship and social support.
- Coordinate with the Friendship Line, a warm-line and hot-line that is operated out of the San Francisco Institute on Aging.
- Refer and link clients to other community-based providers for other needed social services and primary care.

Goals and Objectives

Goal:	The Senior Peer Counselor program aims to support Older Adults to live independently in the community for as long as reasonably possible, while ensuring their mental and physical wellbeing.
Objective 1:	Recruit, train, and support volunteers to provide peer counseling services.
Objective 2:	Support independent living and reduce social isolation for seniors.
Objective 3:	Promote the early identification of mental health symptoms in older adults.

Numbers to be served FY 14 - 15:	**100**	**Proposed Budget Amount FY 14 - 15:**	**$106,102**
Cost per Person FY 14 – 15:	**$1,061**	**Total Proposed Budget Amount:**	**$318,306**

Early Intervention Programs

Project Name:	**Early Signs Training Project**			
Status:	☐New		☒Continuing	
Age Group:	☐Children Ages 0 – 15	☒Transitional Age Youth Ages 16 – 24	☒Adult Ages 24 – 59	☒Older Adult Ages 60+

Program Description

Early Signs Training focuses stigma reduction of mental illness and community education to intervene earlier in mental health crisis. Early Signs provides training to providers, individuals, and other

caregivers who live and/or work in Yolo County on Applied Suicide Intervention Strategies Training (ASIST), SafeTALK, Mental Health First Aid Certification, and Youth Mental Health Aid Certification. The purpose of these training programs is to both help expand the reach of individuals who have the knowledge and skills to respond to or prevent a mental health crisis in the community, and to reduce the stigma associated with mental illness.

This project responds to the needs identified through the CPP process to enhance supports available to individuals before, during, and after crisis and expand the reach of mental health services to non-mental health staff through the provision of suicide prevention and intervention programs as well as Mental Health First Aid to non-mental health staff.

Early Signs Training includes the following training programs:

1. *Applied Suicide Intervention Strategies Training (ASIST)*
   ASIST is a national suicide prevention training program for caregivers of individuals who are at risk of committing suicide. Over the course of a two-day training, caregivers learn how to recognize the risk and learn how to intervene to prevent the immediate risk of suicide (www.livingworks.net/programs/asist).
2. *SafeTALK*
   SafeTALK is a three-hour training that prepares anyone over the age of 15 how to identify people with thoughts of suicide and connect them to suicide first aid resources. SafeTALK curriculum emphasizes three main skills:
   a. How to move beyond common tendencies to miss, dismiss, or avoid suicide.
   b. How to identify people who have thoughts of suicide.
   c. Apply the TALK steps: Tell, Ask, Listen, and KeepSafe.
      These steps will prepare someone to connect a person with thoughts of suicide to first aid and intervention caregivers (www.livingworks.net/programs/safetalk).
3. *Mental Health First Aid and Youth Mental Health First Aid Certifications*
   a. Mental Health First Aid is an eight hour course designed to teach individuals in the community how to help someone who is developing a mental health problem or experiencing a mental health crisis. Trainees are taught about the signs and symptoms of mental illness including anxiety, depression, psychosis, and substance use (www.mentalhealthfirstaid.org).
   b. Youth Mental Health First Aid is an eight hour course designed to teach parents, family members, caregivers, teachers, school staff, peers, neighbors, providers, and other individuals how to help an adolescent (ages 12 – 18) who is experiencing mental health or substance use problems, or is in a mental health crisis. The training covers health challenges for youth, adolescent development, and includes a 5-step action plan to help young people both in crisis and non-crisis situations (www.mentalhealthfirstaid.org).

Goals and Objectives

Goal:	The Early Signs Project aims to expand the reach of the mental health system through the training of individuals who have the knowledge and skills to respond to or prevent a mental health crisis in the community.
Objective 1:	Expand the reach of mental health services.
Objective 2:	Reduce the risk of suicide through prevention and intervention trainings.
Objective 3:	Promote the early identification of mental illness.

Numbers to be served FY 14 - 15:	**635**	**Proposed Budget Amount FY 14 - 15:**	**$176,367**
Cost per Person FY 14 – 15:	**$278**	**Total Proposed Budget Amount:**	**$529,101**

Program Name:	**Crisis Intervention Team (CIT) Training**			
Status:	☐New		☒Continuing	
Age Group:	☐Children Ages 0 – 15	☐Transitional Age Youth Ages 16 – 24	☒Adult Ages 24 – 59	☐Older Adult Ages 60+

Program Description

CIT is modeled after a nationally recognized, evidence-based program known as the CIT Memphis Model that 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 Peace Officers Standards and Training (POST) agency at no cost to the participating agency or individual. The course teaches trainees on the signs and symptoms of mental illness and coaching on how to respond appropriately and compassionately to individuals or families in crisis.

This project responds to needs identified through the CPP process that include enhanced services to individuals in crisis and increase opportunities for diversion from the criminal justice system.

CIT Training is intended to reach all law enforcement agencies in Yolo County, including:

- Local police departments in Davis, Winters, Woodland, West Sacramento, and UC Davis;
- Yolo County Sheriff's Office;
- California Highway Patrol, Yolo County; and,
- Cache Creek Casino (Tribal) Security.

Goals and Objectives

Goal:	CIT aims to implement a community-oriented and evidence based policing model for responding to psychiatric emergencies.
Objective 1:	Reduce the number of arrests and incarcerations for people with mental illness.
Objective 2:	Strengthen the relationship between law enforcement, consumers and their families, and the public mental health system.
Objective 3:	Reduce the trauma associated with law enforcement intervention during psychiatric emergencies.

Numbers to be served FY 14 - 15:	**120**	**Proposed Budget Amount FY 14 - 15:**	**$43,200**
Cost per Person FY 14 – 15:	**$360**	**Total Proposed Budget Amount:**	**$129,600**

Innovation

Program Name:	**Local Innovation Fast Track (LIFT) Program**	
Status:	☐New	☒Continuing

Program Description

LIFT provides a mechanism to make funds available to community providers and stakeholders for the purpose of developing innovative programs that address the community's mental health needs. Projects to be funded are meant to encourage collaboration amongst community-based providers and other stakeholders. Projects may include trainings, events, or new programs to deliver mental health information and services to the community on a fast-track basis. The LIFT program is administered and monitored by Yolo County Department of Alcohol, Drug, and Mental Health to ensure programs and services delivered are consistent with the requirements of the MHSA Innovation component and MHSA values. Although the LIFT method is a continuation of Yolo County's previous MHSA Innovation Plan, no previously funded projects will be considered for this next phase of MHSA Innovation funds 2014 - 2017. All new projects receiving Innovation funds through the LIFT program will be new to the community, non-supplanting, offer recovery and resiliency focused services, and be culturally competent.

All Innovation projects must reflect the criteria set forth in the statewide Innovation Requirements, including using 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; and,
- Increase access to services.

LIFT programs will be selected through a competitive Request for Proposal (RFP) process for MHSA Innovation Programs, beginning in Spring 2014. While the CPP process identified the success of the LIFT program, there are three modifications to the LIFT program included in this plan.

1. The original Innovation component plan for LIFT had a 3 tier structure of funding. This plan removes the tiered funding levels.
2. The previous LIFT grant cycle provided little guidance on the types of programs that would be funded with the intention of inviting creative program ideas. As a result of this CPP process, the LIFT RFP process set forth in this plan will invite programs that respond to the needs identified through the CPP process.
3. Given that INN programs are time-limited, this plan requires that LIFT proposals will need to demonstrate a sustainability plan beyond FY 16-17 if the program or project is successful.

Goals and Objectives

Goal:	LIFT aims to make funds available to community providers for the purpose of developing innovative programs that address the community's mental health needs.
Objective 1:	Introduce and test new and innovative MHSA programs, events, and trainings on a fast-track basis.
Objective 2:	Increase local agency involvement while providing those agencies with new revenue opportunities to invest in our local economy.
Objective 3:	Increase local agencies' involvement in demonstrating innovative ideas in mental health prevention and treatment, as well as their ability to implement such programs on an accelerated basis.

Proposed Budget Amount FY 14 – 15:	**$350,761**	**Total Proposed Budget Amount:**	**$1,052,282**

Workforce Education and Training (WET)

Yolo ADMH is incorporating several new programs into its WET component of the MHSA Three-Year Program and Expenditure Plan. However, stakeholders and the county acknowledge the need to increase the WET Coordinator's position to .5 FTE to administer these programs.

Program Name:	**Intern Therapy Program for Older Adults**			
Status:	☒New		☐Continuing	
Age Group:	☐Children Ages 0 – 15	☐Transitional Age Youth Ages 16 – 24	☐Adult Ages 24 – 59	☒Older Adult Ages 60+

Program Description

To complement a continuum of services available to the aging and older adult population, Yolo ADMH will start a stipended Intern Therapy Program that connects pre-degree Master's level trainees and pre-Doctoral level psychology student interns with older adult clients in the community. The older adult population requires a specialized assessment to understand the combination of mental health, physical, and cognitive symptoms as well as specialized treatment options. Intern therapists will provide psychotherapeutic services that draw upon a transtheoretical framework that spans social gerontology, developmental, and health psychology.

Yolo County, like many other California counties, is experiencing a lack of mental health professionals with the education, training, and experience to competently treat the older adult population. As a result, this program aims to both provide specialized services while training new therapists in the older adult arena. Yolo ADMH will ensure that Practicum and Intern Therapists receive the required level of clinical supervision and training. In order to implement this program, Yolo ADMH may need to hire one additional clinical staff trained in gerontological mental health to supervise Intern Therapists.

Key activities for Intern Therapy for Older Adults include:

- Screening and assessment for mental health issues in Older Adults.
- Psychotherapeutic treatment for and the prevention of further mental illness that may include: cognitive behavioral therapy, psychodynamic, cognitive, and behavioral treatments for depression, and cognitive training for problems related to aging and memory.
- Home and community-based services to provide mental health treatment services.
- Referrals and linkages to other community-based providers for needed social services and primary care.
- Collaboration with Senior Peer Counselor volunteers and providers in the Older Adult Outreach and Assessment program.

Goals and Objectives

Goal:	This program aims to increase the availability of home-based clinical services for older adults while training new therapists in the older adult arena.
Objective 1:	Increase the workforce competent to assess, diagnose, and treat older adults.
Objective 2:	Provide psychotherapeutic supports to assess and treat older adults with mild to moderate mental health symptoms.

Proposed Budget Amount FY 14 – 15:	**$35,000**	**Total Proposed Budget Amount:**	**$105,000**

Program Name:	**Psychiatry Residency Program Development**	
Status:	☒New	☐Continuing

Program Description

Like many California Counties, Yolo County is experiencing a workforce shortage in psychiatrists. In order to address the workforce shortage, Yolo ADMH is committed to exploring a partnership with local medical schools, including UC Davis and UCSF, for a Psychiatric Residency program. A Psychiatry Residency Internship program would increase the number of trained psychiatry interns in community mental health at Yolo County ADMH. Psychiatry Residents would be supervised by the Yolo County ADMH Medical Director and receive training and resources in psychiatric assessment and treatment, cultural competency, and issues in community mental health.

A Psychiatric Residency Program offers the promise of encouraging psychiatric residents to enter the public mental health workforce and receive training and supervision in the public mental health system and MHSA values. Psychiatry Residents would be involved with the psychiatric diagnosis, prescription of psychotropic medications, medical care issues, and psychotherapies for ADMH clients.

Goals and Objectives

Goal:	ADMH aims to explore the feasibility of a Psychiatric Residency Program.
Objective 1:	Train new psychiatrists in the public mental health system and MHSA values.
Objective 2:	Increase the available supply of psychiatrists.

Proposed Budget Amount FY 14 – 15:	**$0**	**Total Proposed Budget Amount:**	**$50,000**

Program Name:	**Student Loan Repayment & Tuition Reimbursement**	
Status:	☐New	☒Continuing

Program Description

The Student Loan Repayment and Tuition Reimbursement program is intended to support retention of ADMH staff to repay student loans or become reimbursed for tuition, so long as the student loan or tuition expense was for the purpose of a degree that would make them eligible for work in the County Mental Health Service System. The Student Loan repayment is a current program, and the Tuition Reimbursement is a modification to this WET program.

During the CPP process, stakeholders identified the need to support the current workforce in gaining the skills and expertise that would support advancement and career pathway development. Specifically, stakeholders prioritized this for para-professional staff as well as consumer/family member staff. This project provides necessary resources to encourage career development in the current workforce.

There are two tracks for ADMH staff:

1. **Student Loan Repayment**, a continuing component of this WET program, is specifically for Yolo County ADMH staff who took out a student loan for the purpose of obtaining a degree that would make the individual license-eligible for work per Title 9, Chapter 11. For those obtaining Alcohol and Drug certification for the purpose of becoming a provider capable of serving clients with co-occurring disorders, student loan repayment may also be available.
2. **Tuition Reimbursement** is a new component to this WET program and expands the types of ADMH staff who are eligible to receive financial assistance to continue or complete a degree.

	Specifically, Tuition Reimbursement provides career pathways for ADMH staff to grow into positions that require college degrees. Family members and consumers who are ADMH staff are also eligible for Tuition Reimbursement. Tuition Reimbursement invests in staff capacity to help them to improve their knowledge or skills and provides consumer/family member staff with support to obtain a higher education.
Goals and Objectives	
Goal:	The tuition reimbursement and loan repayment programs aim to provide financial incentives to recruit, develop, and retain a competent mental health workforce.
Objective 1:	Recruit and retain new graduates entering the public mental health workforce.
Objective 2:	Provide support for ADMH staff to receive training and education that promotes career pathway development.
Objective 3:	Provide support for consumer and family staff members to receive training and education that promotes career pathway development.

Proposed Budget Amount FY 14 – 15:	**$22,000**	**Total Proposed Budget Amount:**	**$66,000**

Program Name:	**Mental Health Professional Development**	
Status:	☐New	☒Continuing
Program Description		

Mental Health Professional Development provides Yolo ADMH staff, providers, and others in the community training and professional development on evidence-based practices, co-occurring disorders, e-Learning, and cultural competence.

- **Staff Trainings**: Yolo ADMH will provide trainings to clinical and front-office staff. Following the CPP process, stakeholders prioritized the need for enhanced clinical training in evidence based approaches, including Dialectical Behavior Therapy (DBT) and Trauma Informed Approaches. In addition, customer service and de-escalation training was prioritized for ADMH front office staff.
- **E-Learning**: E-Learning allows Yolo County to provide distance learning opportunities and training in numerous topics to direct service providers, consumers, and family members. E-Learning will allow the development, delivery, and management of training(s) to our workforce. CEUs, which are necessary for many direct service providers to obtain annually, will also be accessible through many of the training topics provided through an E-Learning vendor.
- **Cultural Competence/Mental Health Resources**: Yolo County ADMH will seek out training guides and educational resources to provide ongoing competence-based and culturally competent training sessions for all direct service providers. Included in ensuring that staff, providers, consumers, family members, and the community have the most recent and comprehensive guides and resources available, Yolo ADMH will dedicate resources to updating Yolo211, ADMH's website, county crisis cards, and other brochures.

Goals and Objectives	
Goal:	The Professional Development program aims to ensure a competent and trained workforce in alignment with MHSA values that is versed in relevant evidence based practices.
Objective 1:	Ensure clinical staff are trained in relevant evidence based practices.
Objective 2:	Provide support to front office staff to provide supportive and welcoming experiences.

Objective 3:	Ensure a culturally competent and informed workforce.		
Proposed Budget Amount FY 14 – 15:	**$60,000**	**Total Proposed Budget Amount:**	**$180,000**

Capital Facilities and Technology Needs (CFTN)

Capital Facilities

Yolo ADMH is in the process of developing a Capital Facilities plan to include several projects that will expand the reach of mental health services in the county. Currently, ADMH plans to make upgrades to its current Wellness center, including a food-prep area that will enhance life-skills training for consumers. ADMH will also consider Capital Facilities investments into CSS and PEI programs to ensure that consumers, family members, and staff have the facilities they need to provide adequate mental health services. Yolo ADMH has taken under advisement from stakeholders that there are several other facilities needs outside of Woodland to support service availability throughout the County. In order to understand where to best invest MHSA funds for capital facilities improvements, ADMH will develop a Capital Facilities Plan for the specific projects.

Technological Needs

Program Name:	**Yolo Technological Improvement Project**	
Status:	☐New	☒Continuing
Program Description		

Yolo County ADMH introduced the Yolo Technological Improvement Plan in FY 10 – 11 to improve the quality of services through a fully functional Electronic Health Record (EHR). The EHR system increases efficiencies in reporting, billing, and retrieving and storing personal health information. A fully functioning EHR allows for greater integration as well smoother access to health information for treatment staff, as well as to pave the consumer's path to accessing personal health records. The Technological Improvement Plan is divided into three phases, in which Phase I is enhanced to incorporate the equipment needed to implement Telepsychiatry. Any acquired property using MHSA Technological Needs funds will be owned and operated by Yolo County and will only be used for benefit of Yolo County clients.

Enhanced Phase I – Telepsychiatry Description:

Yolo County is a geographically diverse county, containing three population centers (Woodland, Davis, and West Sacramento) and many outlying rural communities that cover over one thousand square miles of service area. In order to overcome the barriers to providing psychiatric services to clients throughout the county, and especially in rural communities, Yolo ADMH plans to implement psychiatry services in a telemedicine format (Telepsychiatry) as part of Phase I of the Yolo Technological Improvement Plan. In particular, Telepsychiatry will expand the reach of psychiatric services to underserved geographical locations, decrease wait times in between psychiatrist appointments, and enable the county to provide psychiatric specialist services that otherwise would be unavailable (e.g. geriatric psychiatry).

Telepsychiatry is the use of electronic communication and information technologies that provide or support clinical psychiatric care at a distance. Telepsychiatry will allow live, interactive two-way audio-video communication technology (i.e. videoconferencing). During the appointment, Yolo ADMH

staff facilitate the consultation between the client and psychiatrist. The county will take special care in ensuring the privacy, confidentiality, and informed consent of the client.

Yolo ADMH intends to deliver Telepsychiatry in non-crisis settings in two formats. Telepsychiatry services will be integrated into a Mobile Services Unit that will deliver mental health services to clients in rural areas where transportation poses a barrier to ongoing in treatment. In addition, Yolo ADMH is considering integrating Telepsychiatry unit(s) in other county-owned facilities outside of Woodland.

The enhanced Phase I of the Technological Improvement Plan includes the following activities:

- Implement upgrades to the Avatar Management Information System (MIS);
- Acquire hardware and software to facilitate document imaging and promote electronic medical record keeping;
- Acquire software enhancements such as electronic prescribing and electronic documentation signature;
- Acquire and outfit computers (laptops or notebooks) for use in the field that are equipped with Avatar MIS access and/or Telepsychiatry capabilities (laptops or stations, webcams, encrypted internet connection, and videoconferencing software); and,
- Improve computer access for clients in the Wellness Center and county clinics.

Phase II of the Technological Improvement Plan began in FY 11 – 12 and includes the purchase and installation of computer workstations for Yolo ADMH staff. Tentatively, Phase III will include the conversion to utilizing a virtual computing environment.

In FY 12 – 13, ADMH completed the purchase and installation of new equipment set forth in both phases of the plan. Implementation of MyAvatar software upgrades was complete in Fall 2013, as was the purchase of peripheral devices. Electronic signature and electronic prescription capabilities are in the testing phase. The digital conversion of medical records is in its preliminary phase of implementation. The majority of Phase I and Phase II of the Technological Improvement Plan should be complete by the end of 2013.

Goals and Objectives			
Goal:	The Technological Improvements aim to provide the necessary software and hardware to facilitate electronic health record keeping.		
Objective 1:	Increase efficiencies in reporting, billing, and retrieving and storing personal health information.		
Proposed Budget Amount FY 14 – 15:	**$270,000**	**Total Proposed Budget Amount:**	**$320,000**

MHSA Three-Year Expenditure Plan

The documents enclosed in the following section are submitted in compliance with the Mental Health Services Oversight and Accountability Commission's (MHSOAC) *FY 14-15 Through FY 16-17 MHSA Three-Year Program and Expenditure Plan Submittals* (www.mhsoac.ca.gov) instructions for documenting the expenditure of the proposed MHSA programs.

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Funding Summary

County: YOLO Date: 12/23/13

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2014/15 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	3,528,647	2,268,347	174,419	608,687	1,453,241	
2. Estimated New FY2014/15 Funding	6,284,470	1,675,859	418,965			
3. Transfer in FY2014/15[a/]	0					
4. Access Local Prudent Reserve in FY2014/15						0
5. Estimated Available Funding for FY2014/15	9,813,117	3,944,206	593,384	608,687	1,453,241	
B. Estimated FY2014/15 MHSA Expenditures	6,235,028	1,461,083	418,964	210,017	770,000	
C. Estimated FY2015/16 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	3,578,089	2,483,123	174,420	398,670	683,241	
2. Estimated New FY2015/16 Funding	5,932,367	1,581,965	395,491			
3. Transfer in FY2015/16[a/]	0					
4. Access Local Prudent Reserve in FY2015/16						0
5. Estimated Available Funding for FY2015/16	9,510,456	4,065,088	569,911	398,670	683,241	
D. Estimated FY2015/16 Expenditures	6,235,028	1,461,083	418,964	210,017	25,000	

E. Estimated FY2016/17 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	3,275,428	2,604,005	150,947	188,653	658,241	
2. Estimated New FY2016/17 Funding	5,932,367	1,581,965	395,491			
3. Transfer in FY2016/17[a/]	(78,835)			78,835		
4. Access Local Prudent Reserve in FY2016/17						0
5. Estimated Available Funding for FY2016/17	9,128,960	4,185,970	546,438	267,488	658,241	
F. Estimated FY2016/17 Expenditures	6,335,028	1,461,083	418,964	267,488	25,000	
G. Estimated FY2016/17 Unspent Fund Balance	2,793,932	2,724,887	127,474	0	633,241	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2014	514,069
2. Contributions to the Local Prudent Reserve in FY 2014/15	0
3. Distributions from the Local Prudent Reserve in FY 2014/15	0
4. Estimated Local Prudent Reserve Balance on June 30, 2015	514,069
5. Contributions to the Local Prudent Reserve in FY 2015/16	0
6. Distributions from the Local Prudent Reserve in FY 2015/16	0
7. Estimated Local Prudent Reserve Balance on June 30, 2016	514,069
8. Contributions to the Local Prudent Reserve in FY 2016/17	0
9. Distributions from the Local Prudent Reserve in FY 2016/17	0
10. Estimated Local Prudent Reserve Balance on June 30, 2017	514,069

a/ Pursuant to 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.

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: YOLO Date: 12/23/13

		Fiscal Year 2014/15					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs							
1.	Children's Mental Health	423,718	320,718	68,000		35,000	
2.	Pathways to Independence for TAY	921,149	772,149	84,000		65,000	
3.	Adult Wellness Alternatives	3,588,132	3,013,132	575,000			
4.	Older Adult Outreach and Assessment	425,787	351,787	74,000			
5.	Mobile Mental Health Services	153,187	143,187	10,000			
6.	Harm Reduction Model Co-Occur D/O	100,000	85,000	15,000			
7.		0					
8.		0					
9.		0					
10.		0					
11.		0					
12.		0					
13.		0					
14.		0					
15.		0					
16.		0					
17.		0					
18.		0					
19.		0					
Non-FSP Programs							
1.	Access for Homeless and Indigent MI	300,000	295,000	5,000			
2.	Community Planning Process Draft Three-Year Plan	0					
3.		0					
4.		0					
5.		0					
6.		0					
7.		0					
8.		0					
9.		0					
10.		0					
11.		0					
12.		0					
13.		0					
14.		0					
15.		0					
16.		0					
17.		0					
18.		0					
19.		0					
CSS Administration		1,254,055	1,254,055				
CSS MHSA Housing Program Assigned Funds		0					
Total CSS Program Estimated Expenditures		7,166,028	6,235,028	831,000	0	100,000	0
FSP Programs as Percent of Total **(Note: Blended FFP/SD/OE programs)**		90.0%					

		Fiscal Year 2015/16					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs							
1.	Children's Mental Health	423,718	320,718	68,000		35,000	
2.	Pathways to Independence for TAY	921,149	772,149	84,000		65,000	
3.	Adult Wellness Alternatives	3,588,132	3,013,132	575,000			
4.	Older Adult Outreach and Assessment	425,787	351,787	74,000			
5.	Mobile Mental Health Services	153,187	143,187	10,000			
6.	Harm Reduction Model Co-Occur D/O	100,000	85,000	15,000			
7.		0					
8.		0					
9.		0					
10.		0					
11.		0					
12.		0					
13.		0					
14.		0					
15.		0					
16.		0					
17.		0					
18.		0					
19.		0					
Non-FSP Programs							
1.	Access for Homeless and Indigent MI	300,000	295,000	5,000			
2.	Community Planning Process Draft Three-Year Plan	0					
3.		0					
4.		0					
5.		0					
6.		0					
7.		0					
8.		0					
9.		0					
10.		0					
11.		0					
12.		0					
13.		0					
14.		0					
15.		0					
16.		0					
17.		0					
18.		0					
19.		0					
CSS Administration		1,254,055	1,254,055				
CSS MHSA Housing Program Assigned Funds		0					
Total CSS Program Estimated Expenditures		7,166,028	6,235,028	831,000	0	100,000	0
FSP Programs as Percent of Total		90.0%					

		Fiscal Year 2016/17					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs							
1.	Children's Mental Health	423,718	320,718	68,000		35,000	
2.	Pathways to Independence for TAY	921,149	772,149	84,000		65,000	
3.	Adult Wellness Alternatives	3,588,132	3,013,132	575,000			
4.	Older Adult Outreach and Assessment	425,787	351,787	74,000			
5.	Mobile Mental Health Services	153,187	143,187	10,000			
6.	Harm Reduction Model Co-Occur D/O	100,000	85,000	15,000			
7.		0					
8.		0					
9.		0					
10.		0					
11.		0					
12.		0					
13.		0					
14.		0					
15.		0					
16.		0					
17.		0					
18.		0					
19.		0					
Non-FSP Programs							
1.	Access for Homeless and Indigent MI	300,000	295,000	5,000			
2.	Community Planning Process Draft Three-Year Plan	82,500	82,500				
3.		0					
4.		0					
5.		0					
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8.		0					
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12.		0					
13.		0					
14.		0					
15.		0					
16.		0					
17.		0					
18.		0					
19.		0					
CSS Administration		1,271,555	1,271,555				
CSS MHSA Housing Program Assigned Funds		0					
Total CSS Program Estimated Expenditures		7,266,028	6,335,028	831,000	0	100,000	0
FSP Programs as Percent of Total		88.6%					

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: YOLO Date: 12/23/13

		Fiscal Year 2014/15					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention							
1.	Wellness: Urban Children's Resiliency	603,000	603,000				
2.	Wellness: Rural Children's Resiliency	270,319	270,319				
3.		0					
4.		0					
5.		0					
6.		0					
7.		0					
8.		0					
9.		0					
10.		0					
PEI Programs - Early Intervention							
11.	Wellness: Senior Peer Counselors	106,102	106,102				
12.	Early Signs: Training and Assistance	176,367	176,367				
13.	Early Signs: Crisis Intervention Training	43,200	43,200				
14.		0					
15.		0					
16.		0					
17.		0					
18.		0					
19.		0					
20.		0					
PEI Administration		262,095	262,095				
PEI Assigned Funds		0					
Total PEI Program Estimated Expenditures		1,461,083	1,461,083	0	0	0	0

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Wellness: Urban Children's Resiliency	603,000	603,000				
2. Wellness: Rural Children's Resiliency	270,319	270,319				
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Wellness: Senior Peer Counselors	106,102	106,102				
12. Early Signs: Training and Assistance	176,367	176,367				
13. Early Signs: Crisis Intervention Training	43,200	43,200				
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	262,095	262,095				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	1,461,083	1,461,083	0	0	0	0

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Wellness: Urban Children's Resiliency	603,000	603,000				
2. Wellness: Rural Children's Resiliency	270,319	270,319				
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Wellness: Senior Peer Counselors	106,102	106,102				
12. Early Signs: Training and Assistance	176,367	176,367				
13. Early Signs: Crisis Intervention Training	43,200	43,200				
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	262,095	262,095				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	1,461,083	1,461,083	0	0	0	0

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: YOLO Date: 12/23/13

		Fiscal Year 2014/15					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs							
1.	Local Innovation Fast Track Pgrogram	350,760	350,760				
2.		0					
3.		0					
4.		0					
5.		0					
6.		0					
7.		0					
8.		0					
9.		0					
10.		0					
11.		0					
12.		0					
13.		0					
14.		0					
15.		0					
16.		0					
17.		0					
18.		0					
19.		0					
20.		0					
INN Administration		68,204	68,204				
Total INN Program Estimated Expenditures		418,964	418,964	0	0	0	0

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Local Innovation Fast Track Pgrogram	350,760	350,760				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	68,204	68,204				
Total INN Program Estimated Expenditures	418,964	418,964	0	0	0	0

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Local Innovation Fast Track Pgrogram	350,760	350,760				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	68,204	68,204				
Total INN Program Estimated Expenditures	418,964	418,964	0	0	0	0

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: YOLO Date: 12/23/13

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Central Region WET Partnership	0	0				
2. Intern Therapy Program for Older Adults	35,000	35,000				
3. Mental Health Prof. Development (include T	60,000	60,000				
4. Ed Loan Repayment/Tuition Reimburse	22,000	22,000				
5. Psychiatric Internship Program	0	0				
6. WET Coordinator 0.5 FTE	65,715	65,715				
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	27,302	27,302				
Total WET Program Estimated Expenditures	210,017	210,017	0	0	0	0

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Central Region WET Partnership	0	0				
2. Intern Therapy Program for Older Adults	35,000	35,000				
3. Mental Health Prof. Development	60,000	60,000				
4. Ed Loan Repayment/Tuition Reimburse	22,000	22,000				
5. Psychiatric Internship Program	0	0				
6. WET Coordinator 0.5 FTE	65,715	65,715				
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	27,302	27,302				
Total WET Program Estimated Expenditures	210,017	210,017	0	0	0	0

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Central Region WET Partnership	0	0				
2. Intern Therapy Program for Older Adults	35,000	35,000				
3. Mental Health Prof. Development	60,000	60,000				
4. Ed Loan Repayment/Tuition Reimburse	22,000	22,000				
5. Psychiatric Internship Program	50,000	50,000				
6. WET Coordinator 0.5 FTE	65,715	65,715				
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	34,773	34,773				
Total WET Program Estimated Expenditures	267,488	267,488	0	0	0	0

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: YOLO Date: 12/23/13

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Facility Enhancements, Wellness	500,000	500,000				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11. Yolo Technological Improvement Plan						
12. Phase I Augmentation/mobile psych	150,000	150,000				
13. Phase III: Virtual environment	120,000	120,000				
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration (note: inclusive in projects)	0	0				
Total CFTN Program Estimated Expenditures	770,000	770,000	0	0	0	0

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Facilities Enhancements	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11. Yolo Technological Improvement Plan:	0					
12. Phase I Maintenance and Upgrades	25,000	25,000				
13. Phase III: Virtual environment	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	25,000	25,000	0	0	0	0

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Facility Enhancements, Wellness	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11. Yolo Technological Improvement Plan:						
12. Phase I Maintenance and Upgrades	25,000	25,000				
13. Phase III: Virtual environment	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	25,000	25,000	0	0	0	0

Appendices

Appendix 1: Community Planning Process Kickoff Announcement

From: Joan Beesley
Sent: Wednesday, September 04, 2013 6:24 PM
To: Joan Beesley
Subject: MHSA Stakeholder Meeting Sept. 23--Creating a New MHSA Program and Expenditure Plan

Dear Yolo County MHSA Stakeholders:

Mark your calendars, please!

A **Mental Health Services Act General Stakeholder Meeting** will be held on Monday, September 23, 2013, from 3:30 to 5:00 p.m., in the Walker-Thomson Room of the Bauer Building, 137 N. Cottonwood Street, Woodland.

An agenda will be sent to you as the date nears, but it is important to note that this meeting marks the beginning of the community stakeholder process for the new MHSA Program and Expenditure Plan, to be implemented starting in Fiscal Year 14-15.

Facilitation of the MHSA planning process for Yolo County will be in the capable hands of RDA & Associates.

We hope you will come and participate on September 23. Meanwhile, if you have any questions, do not hesitate to call me.

Thank you,

Joan

Joan A. Beesley
Mental Health Services Act Coordinator
Cultural Competency Coordinator
Yolo Co. Dept. of Alcohol, Drug and Mental Health
(530) 666-8536

Appendix 2: Community Planning Process Kickoff Flyer

Yolo County Department of Alcohol, Drug, and Mental Health (ADMH) invites you to the:

MHSA Three-Year Program & Expenditure Plan

Stakeholder Meeting

Date: **September 23, 2013**
Time: **3:30 – 5:00 pm**

Location: ***Bauer Building (ADMH)***
Walker-Thomson Room
137 N. Cottonwood St.
Woodland, CA 95695

Meeting Objectives:

- Introduce RDA
- Review the purpose of the MHSA Three-Year Program & Expenditure Plan
- Provide an overview of current Yolo County MHSA programs
- Explain RDA's approach to the Community Planning Process

Please join us!

WELLNESS • RECOVERY • RESILIENCE

Appendix 3: Community Planning Process Kickoff Presentation

YOLO COUNTY: MHSA THREE-YEAR PROGRAM AND EXPENDITURE PLAN 2014 – 2017 KICKOFF PRESENTATION

September 23, 2013

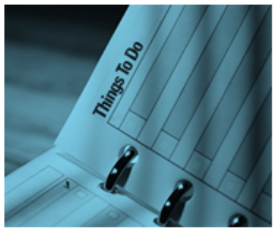
Resource Development Associates

Roberta Chambers, PsyD

Agenda

2

- Introduction to RDA
- Purpose of the MHSA 3-Year Program & Expenditure Plan
- Overview of MHSA Values & Components
- Review MHSA Community Planning Process
- Project Approach
- Confirm Yolo County MHSA Stakeholders



RDA Community Planning Process

About RDA

3

- Established in 1984 in Oakland, CA
- Systems approach to organizational development, planning, evaluation, and grant writing
- Consumer-focused, outcome-based, efficient and effective use of resources
- Current county clients include
  - Alameda
  - Yolo
  - San Diego
  - Marin
  - San Mateo
  - San Francisco
  - Santa Clara
  - San Joaquin

MENTAL HEALTH SERVICES ACT (MHSA) OVERVIEW

RDA Community Planning Process

MHSA 3-Year Program & Expenditure Plan

5

Plan Purpose:

The purpose of the MHSA 3-Year Program & Expenditure Plan is to document the community's vision for addressing mental illness through each of the MHSA components.

Upon approval from the Board of Supervisors and Plan submission to the Mental Health Services Oversight & Accountability Commission, the County will be eligible for MHSA funds.

MHSA Values

6

- Wellness, Recovery, and Resilience
- Cultural Competence
- Client/Family Driven Services
- Integrated Service Experience
- Community Collaboration

MHSA Components

7

- Community Services and Supports (CSS)
- Prevention and Early Intervention (PEI)
- Workforce Education and Training (WET)
- Capital Facilities and Technological Needs (CFTN)
- Innovation (INN)

MHSA COMMUNITY PLANNING PROCESS OVERVIEW

R D A Community Planning Process

Community Planning Process

9

- The MHSA intends that there be a **meaningful stakeholder process** to provide subject matter expertise to the **development of plans focused on utilizing the MHSA funds at the local level.**
- Language related to the CPP had always been included in the MHSA and, after Assembly Bill (AB) 1467 was enacted in 2012, this process was strengthened as follows:

Community Planning Process

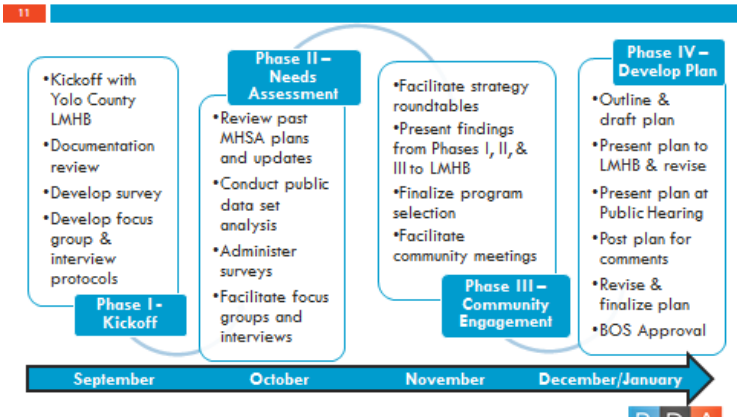
10

Program planning shall be developed with local stakeholders including:

- Adults and seniors with severe mental illness
- Families of children, adults, and seniors with severe mental illness
- Providers of mental health services
- Law enforcement agencies
- Education agencies
- Social services agencies
- Veterans and representatives from veterans organizations
- Providers of alcohol and drug services
- Health care organizations
- Other important interests
  - Source: WIC Section 5848. (a)

Project Approach

11



YOLO COUNTY MHSA CPP STAKEHOLDERS

R D A Community Planning Process

Yolo County MHSA Stakeholders

13

- Board of Supervisors
- Local Mental Health Board
- Adults and seniors with severe mental illness
- Families of children, adults, and seniors with severe mental illness
- Transitional Age Youth
- Providers
- Law enforcement agencies
- Education agencies
- Social services agencies
- Veterans representatives
- Health care organizations
- City Agencies
- County Staff

Yolo County MHSA Stakeholders

14

Questions:

- *Who is missing?*
- *Are there specific demographic groups you would like to do more outreach to?*
- *How do you want to engage different types of stakeholders?*

CPP ACTIVITIES & MEETINGS

CPP Activities & Meetings

16

Forum	Timeline
Key Informant Interviews	September 2013
Focus Groups	September – October 2013
Surveys (paper and online)	September – October 2013
Strategy Roundtables	October – November 2013
Community Meetings	November 2013
30 Day Public Posting	December 20, 2013 – January 20, 2014
Public Hearing	January 20, 2014

Community Planning Process

17 Questions and Answers

Thank you!

18 Contact Us:

Roberta Chambers, PsyD
rchambers@resourcedevelopment.net
510.488.4345 x102

Ryan Wythe
rwythe@resourcedevelopment.net
510.488.4345 x117

Appendix 4: Needs Assessment Key Informant Interview Protocol

Key Informant Interview Protocol

Date	
Name	
Telephone #	
Interviewer	

Interview Overview Script

I am _____calling from Resource Development Associates (RDA). Yolo County has contracted RDA to facilitate the Community Planning Process for their MHSA Three-Year Program & Expenditure Plan in your community. Your feedback will be invaluable in developing Yolo's MHSA Three-Year plan. Thank you for participating in the one-hour interview.

These interviews are confidential. Your name will not be attached to the answers you provide unless we specifically ask your permission. However, we would like to include a list of all those who had participated in this process. May we include your name in the list of all people who participated in these interviews?

Yes No

Thank you. Before we begin, I just want to provide you with a short overview of the purpose of the MHSA Three-Year Program & Expenditure plan.

Background

The Mental Health Service Act (MHSA) was passed by California voters in 2004 to transform and expand the mental health system. MHSA funds a variety of programs to provide services to people with mental illness or those at risk of developing mental illness, to educate and train mental health workers, and to ensure counties have the proper facilities to serve clients. *The purpose of the MHSA 3-Year Program & Expenditure Plan is to document the community's vision for addressing mental illness through each of the MHSA components.* We are interviewing stakeholders to better understand what the community needs are for Yolo County. The information you share with us will help inform the development of the MHSA Three-Year Program & Expenditure Plan for Yolo County's MHSA services and programs.

Do you have any questions before we start?

Introduction

Prior to asking you more specific questions about the different MHSA components, I would like to ask you some general questions about your background and knowledge of MHSA.

1. **Did you participate in previous MHSA planning activities? If so, what did you like and didn't like about your previous experience?**
2. **What is your vision for how MHSA will transform Yolo County?**
3. **From your perspective, what are the most significant mental healthcare needs in Yolo County?**

Now we'd like to discuss what is working well about Yolo County mental health services and what the areas for improvement are.

Current Services

1. **What mental health services are currently available to Yolo County residents?**
   - How well are these services meeting the needs of residents?

2. **How do Yolo County residents access mental health services?**
   - What are some of the barriers to accessing mental health services?
     - Are these consistent barriers?
     - What are some of the causes of barriers to accessing mental health services?
     - How would you improve access to mental health services?

3. **Describe how mental health agencies (e.g. providers, government agencies) work together in Yolo County.**

Service Gaps

We would also like to better understand the gaps in mental health services for Yolo County residents.

1. **What populations are currently being unserved, underserved, or inappropriately served?**
   - What population(s) are consistently being underserved or inappropriately served? (INN Prompt)
   - Who needs more outreach and engagement in services? (CSS Prompt)
   - Who is the most at-risk and why? (PEI Prompt)

2. **How can mental health agencies improve access to mental health services for these underserved populations?**
   - What are ways mental health agencies can better meet the needs of these underserved populations?

Workforce Education & Training

We also want to know more specifically about your experiences with or as mental health service providers. MHSA funds WET programs that are designed to help develop a competent and diverse workforce capable of meeting the mental health needs of the community.

1. **What types of WET programs work well in Yolo County and Why? Examples include eLearning courses online, Mental Health First Aid trainers, and Cultural Competency Summit.**

2. **Are there shortages of specific types of workers? This includes workers from various occupations, cultures, language capacities, credentials, and people with consumer or family member experience?**

3. **What key competencies are lacking amongst mental health providers?**

Capital Facilities & Technological Needs

MHSA also helps ensure that counties have the proper facilities and technologies they need to provide effective mental health services. CFTN funds help with the acquisition or improvement of buildings where mental health services are provided and improve the technologies used to make health information and communication more cost-effective and efficient.

1. **What types of facilities work well to help serve mental health consumers, family members, staff, and administration, and why?**
   - Are services provided in appropriate locations?
   - Is there enough space for community or departmental related services and administration?
   - Are there opportunities to co-locate services that would help us leverage resources?

2. **How can Yolo County improve access to health information data and communication systems in the county?**
   - How do you access health information for clients (staff) or yourself (consumers)? How can access be improved to client (staff) or your personal (consumers) health information?
     - Follow up questions, if needed:
       1. **For consumers/family member interviewees**: Do you receive health information through the phone or email?
       2. **For staff interviewees**: What kinds of databases do you use? How do you access health information from other departments or agencies?
   - What are some of the challenges with information technologies and database management systems used by mental health providers?
   - How well can mental health providers participate in health information exchange with other county agencies or contracted providers?

Thank you. Is there anything else you would like to add that you think we missed?

Appendix 5: List of all Key Informants Interviewed

Key Informant Interview Subjects	
Deputy Chief Allison Zuvela Yolo County Defender's Office	***Joanie Turner*** Yolo County ADMH
Alysa Meyer Yolo County Office of Legal Services of Northern California	***John Buck*** Turning Point Community Programs
Billy Wagster Yolo County Veteran's Services Organization	***Jorge Ayala & Camille Giometti-May*** Yolo County Office of Education
Bob Schelen Local Mental Health Board	***Hon. Janet Gaard*** Yolo County Superior Court
Brad Anderson Local Mental Health Board	***Julie Gallelo*** First Five Yolo County
Chief Brent Cardall & Asst. Chief Marlon Yarbor Yolo County Probation Department	***Karen Larsen*** CommuniCare
Caren Livingstone Local Mental Health Board	***Martha Guerro*** Local Mental Health Board
Cass Sylvia Yolo County Public Guardian	***Michelle Kellogg*** Yolo Community Care Continuum (YCCC)
Chief Dan Bellini Woodland Police Department	***Nancy Temple*** Yolo National Alliance on Mental Illness (NAMI)
Diane Sommers Executive Director, Suicide Prevention of Yolo County	***Patricia Prentice*** Sutter Medical Center, Sutter Davis Hospital
Don Saylor Board of Supervisors	***Robert Canning*** Local Mental Health Board
Elli Olsen Woodland Memorial Hospital	***Captain Robin Faille*** Yolo County Sheriff's Office
Jill Cook Health Services of Yolo County	***Chief Tom McDonald*** West Sacramento Police Department
Jim Provenza Yolo County Board of Supervisors	***Lt. Tom Waltz*** City of Davis Police Department
Joan Beesley Yolo County ADMH	***Trish Stanionis*** Yolo Family Service Agency

Appendix 6: Needs Assessment Focus Group Flyer

Yolo County Department of Alcohol, Drug, and Mental Health (ADMH) invites you to the:

Mental Health Services Act (MHSA)
Three-Year Program & Expenditure Plan
Community Focus Groups

Why?

- Yolo County is developing its MHSA Three-Year Program & Expenditure Plan for 2014-2017. We are inviting you to participate in a focused group discussion about mental health services in Yolo County. We want to hear **what you think works**, what **services people need**, **where** they need them, and ***your vision for mental health services in Yolo County.***

What is a Focus Group?

- A focus group consists of 5-10 people that meet to participate in a facilitated discussion.
- We will be asking you for your feedback on MHSA funded programs and the mental health needs of residents in Yolo County.
- Your input will be incorporated with other stakeholder feedback to produce the new MHSA Three-Year Program & Expenditure Plan for 2014-2017.

Please join us!

We will be serving light snacks and refreshments! Ensure that your voice is heard in the Community Planning Process for Yolo County's MHSA programs!

WELLNESS • RECOVERY • RESILIENCE

Appendix 7: Needs Assessment Focus Group Protocol

Focus Group Protocol

Date	
FG Type	
Location	
Facilitator	

Introduction Script

Thanks for making the time to join our focus group this evening. My name is _____ and this is _____. We are with a consulting firm called Resource Development Associates and were hired by the Yolo County Department of Alcohol, Drug, and Mental Health to facilitate the community's MHSA Three-Year Program & Expenditure Plan. I will be facilitating this focus group and _____ is here to take notes. Please know that what you say in this focus group will remain anonymous, but we will be typing notes of the discussion.

My role as the facilitator tonight means that it is my job to make sure that everyone has a chance to say what's on his or her mind in a respectful way. We have a few guidelines to help us do that. Please:

- Silence your cell phones – turn off the ringer and any alarms
- There are no "wrong" or "right" opinions, please share your opinions honestly
- Engage in the conversation
- Listen to understand
- Be curious about others' opinions
- Limit "side conversations" or "cross talk" so that everyone can hear what is being said
- Participants' names will not be linked to any comments unless we specifically ask if we can use your comment as a quote

I'd first like to just explain why we're all here tonight. *The purpose of the MHSA 3-Year Program & Expenditure Plan is to document the community's vision for addressing mental illness through each of the MHSA components.* We are facilitating several focus groups with o better understand what the community needs are for Yolo County. The information you share with us will help inform the development of the MHSA Three-Year Program & Expenditure Plan for Yolo County's MHSA services and programs. Does anyone have any questions before we begin?

To get started, I'd like everyone to say their name and answer these two questions.

- What is your name

- Why you came today

Introduction

4. What is your vision for how MHSA will transform Yolo County?
5. Did you participate in previous MHSA planning activities? If so, what did you like and didn't like about your previous experience?
6. From your perspective, what are the most significant mental healthcare needs in Yolo County?

Now we'd like to discuss what is working well about Yolo County mental health services and what the areas for improvement are.

Current Services

4. What mental health services are currently available to Yolo County residents?
5. How well do mental health services meet the needs of residents?
6. How do Yolo County residents access mental health services?
7. What are some of the barriers to accessing mental health services?
   - Are these consistent barriers?
   - What are some of the causes of barriers to accessing mental health services?
8. Describe how mental health agencies (e.g. providers, government agencies) work together in Yolo County.
9. How would you improve access to mental health services?

Service Gaps

3. What populations are currently being unserved, underserved, or inappropriately served?
   - What population(s) are consistently being underserved or inappropriately served? (INN Prompt)
   - Who needs more outreach and engagement in services? (CSS Prompt)
   - Who is the most at-risk and why? (PEI Prompt)
4. How can mental health agencies improve access to mental health services for these underserved populations?
5. What are ways mental health agencies can better meet the needs of these underserved populations?

Workforce Education & Training

We also want to know more specifically about your experiences with or as mental health service providers. MHSA funds WET programs that are designed to help develop a competent and diverse workforce capable of meeting the mental health needs of the community.

4. What types of WET programs work well in Yolo County and why?
5. Are there shortages of specific types of workers? This includes workers from various occupations, cultures, language capacities, credentials, and people with consumer or family member experience?
6. What key competencies could be improved amongst mental health providers?

Capital Facilities & Technological Needs

MHSA also helps ensure that counties have the proper facilities and technologies they need to provide effective mental health services. CFTN funds help with the acquisition or improvement of buildings where mental health services are provided and improve the technologies used to make health information and communication more cost-effective and efficient.

3. What types of facilities work well to help serve mental health consumers, family members, staff, and administration, and why?
    - Are services provided in appropriate locations?
    - Is there enough space for community or departmental related services and administration?
    - Are there opportunities to co-locate services that would help us leverage resources?
4. How can Yolo County improve access to health information data and communication systems in the county?
    - How do you access health information for clients (staff) or yourself (consumers)? How can access be improved to client (staff) or your personal (consumers) health information?
        - Follow up questions:
            1. For consumers/family members: Do you receive health information through the phone or email?
            2. For staff: What kinds of databases do you use? How do you access health information from other departments or agencies?
    - What are some of the challenges with information technologies and database management systems used by mental health providers?
    - How well can mental health providers participate in health information exchange with other county agencies or contracted providers?

Thank you. Is there anything else you would like to add that you think we missed?

Provide instructions to focus group participants to fill out the anonymous demographic survey and return to RDA before leaving the session.

Appendix 8: Needs Assessment Community Survey Announcement

An Important Message to All Yolo County MHSA Stakeholders:

As many of you know, Yolo County Dept. of Alcohol, Drug and Mental Health (ADMH) is in the process of conducting its **Community Planning Process** for the**Mental Health Services Act Three-Year Program and Expenditure Plan**, which will set forth the plan for MHSA services from July 1, 2014 through June 30, 2017. This is your chance to give us your feedback! Yolo County's Community Planning Process is being facilitated by Resource Development Associates (RDA), of Oakland.

On behalf of Yolo County, RDA is conducting the following activities, between mid-September 2013 and mid-January 2014, to be followed by drafting of the new three-year plan:

- **Key Informant Interviews**—interviewing specific local providers, public agency representatives and elected officials (underway);
- **Focus Group Meetings**—addressing small groups of clients by age, geography, etc. (underway);
- **Surveys**—to be completed by all interested stakeholders (available in English and Spanish);
- **Strategy Roundtables** (schedule forthcoming);
- **Community Meetings** (schedule forthcoming).

We encourage you to complete the stakeholder survey now—share with us your ideas and opinions! The Community Program Planning Stakeholder Survey can be found at the following link: http://tinyurl.com/Yolo-MHSA-CPP-Survey By next week, the survey link will also be posted on the Yolo County website, and paper copies will be available at all three mental health service centers, in both English

and Spanish. Please keep in mind that for ease of tabulation, RDA would prefer that you complete the survey on line, if possible.

More information is forthcoming regarding Strategy Roundtables and other Community Planning Meetings—the schedule will be sent soon, via e-mail.

Please complete your survey as soon as possible. Call me, if you have questions.

Thank you for your interest in the Yolo County MHSA Community Planning Process.

Joan

Joan A. Beesley
Mental Health Services Act Coordinator
Cultural Competency Coordinator
Yolo Co. Dept. of Alcohol, Drug and Mental Health
(530) 666-8536

Appendix 9: Needs Assessment Community Survey Flyer - English

Yolo County Department of Alcohol, Drug, and Mental Health (ADMH) invites you to take the:

MHSA Three-Year Program & Expenditure Plan

Online Community Planning Stakeholder Survey

Background

Yolo County is creating its' three-year plan for the Mental Health Services Act programs and funds. Before we make a plan about how MHSA funds should be spent, we invite you to take this online survey to tell us **what you think works**, what **services people need**, **where** they need them, and ***your vision for mental health in Yolo County.***

Should I take this survey?

This survey is intended to reach a broad range of stakeholders living and working in Yolo County. If you are a consumer, a family-member of a consumer, county employee, service provider, or other stakeholder that is involved with mental health services in Yolo County, we want to hear from you!

The Online Survey is Live!

Please follow this link to take the Yolo County Online Community Planning Stakeholder Survey:

http://tinyurl.com/Yolo-MHSA-CPP-Survey

WELLNESS • RECOVERY • RESILIENCE

Appendix 10: Needs Assessment Community Survey Flyer – Spanish

El Departamento de Alcohol, Droga y Salud Mental (ADMH) del Condado de Yolo le invite a usted a tomar:

Plan de 3 Años de Programación y Gastos de MHSA

Encuesta en línea de planificación para los interesados de la comunidad

Antecedentes

El Condado de Yolo está creando su plan de tres años para los programas y fondos acerca de la Ley de Servicios de Salud Mental (MHSA). Antes de hacer un plan sobre cómo se deben gastar los fondos de MHSA, le invitamos a tomar esta encuesta en línea para decirnos **que esta funcionado**, **que servicios se necesitan**, **donde se necesitan**, y su **visión acerca de la salud mental en el Condado de Yolo**.

¿Debo tomar esta encuesta?

Esta encuesta pretende llegar a un amplio rango de interesados que viven y trabajan en el Condado de Yolo. Si usted es un consumidor, una miembro de familia de un consumidor, empleado del condado, proveedor de servicio u otros grupos de interés que está involucrado con los servicios de salud mental del condado de Yolo, ¡queremos saber de usted!

¡La encuesta en línea está lista!

Por favor, siga este enlace para tomar la encuesta en:

http://tinyurl.com/Yolo-MHSA-CPP-Survey

WELLNESS • RECOVERY • RESILIENCE

Appendix 11: Needs Assessment Community Survey – English

MHSA Three-Year Program & Expenditure Plan 2014 – 2017:

Yolo County Community Planning Stakeholder Survey

Introduction

Thank you for visiting our survey! This survey is part of the Community Planning Process for the Mental Health Services Act in Yolo County. The purpose of this survey is to hear from you about the mental health needs and services in Yolo County. The information you provide will help the Yolo County Department of Alcohol, Drug, and Mental Health design mental health programs in the county. In order to develop mental health services that meet the needs of people in Yolo County, we need to hear from you!

The survey will take about 10 minutes to complete. All of the answers you provide are confidential - we will not be collecting your name. You do not have to answer all of the questions in the survey, and you may exit the survey at any time.

We appreciate you taking the time to share your experience with us!

Background on the Mental Health Services Act

The Mental Health Services Act (MHSA) was passed by California voters in 2004 to transform and expand the mental health system. MHSA funds a variety of programs to provide services to people with mental illness or those at risk of developing mental illness, to educate and train mental health workers, and to ensure counties have the proper facilities to serve clients. The purpose of the MHSA 3-Year Program & Expenditure Plan is to document the community's vision for addressing mental illness through each of the MHSA components. We are interviewing stakeholders to better understand what the community needs are for Yolo County. The information you share with us will help inform the development of the MHSA Three-Year Program & Expenditure Plan for Yolo County's MHSA services and programs.

Existing MHSA Services

Below is a list of programs and services funded by the Mental Health Services Act (MHSA) in Yolo County. Please check off the programs you have used or have direct experience with (check all that apply).

1. Community Services and Supports
   - ☐ **Older Adult Program**: Older Adult Outreach and Assessment
   - ☐ **TAY Program**: Pathways to Independence for Transition-Age Youth
   - ☐ **Children's Program**: Rural Children's Mental Health Services
   - ☐ **Adult Program**: Wellness Alternatives for Adult Consumers (includes Wellness Center)
   - ☐ **Benefits Specialist** (serves all ages)

2. Prevention and Early Intervention
   - ☐ **Crisis Intervention Team (CIT) Training for Law Enforcement**
   - ☐ **Early Signs Training and Assistance** (includes Mental Health First Aid, SafeTALK and Applied Suicide Intervention Skills Training (ASIST) Education Programs)
   - ☐ **Rural Children's Resiliency Program** (services from RISE Inc., in Esparto and Winters school districts)
   - ☐ **Urban Children's Resiliency Program** (services from Victor Community Services in Davis, Woodland and West Sacramento school districts)
   - ☐ **Senior Peer Counselor Volunteers** (includes link to the Friendship Line services for seniors)

3. If you are a staff member:
   - ☐**Central Region Workforce Education & Training (WET) Partnership** (includes regional opportunities for Mental Health First Aid trainers, Suicide Prevention Conference, Cultural Competency Summit, 12-month *Leadership in Mental Health* UC Extension course, and other regional training supports)
   - ☐ **License-Eligible Volunteer Intern**
   - ☐ **Mental Health Professional Development** (*Essential Learning/Relias* on-line learning for all staff, including CEUs for clinical staff)
   - ☐ **Student Loan Repayment Program for Direct Service Providers**
   - ☐ **Cap-IT** (IT Plan—updated computers, Avatar enhancements, electronic signature capability, electronic record keeping)

4. The following questions ask you to give your feedback on the services funded by the MHSA in Yolo County. These questions refer to services provided by Yolo County Alcohol, Drug, and Mental Health (ADMH) employees and community-based organizations (CBOs) that the County contracts with. For each question, please mark one response: **Not very well, Somewhat, Mostly, Very well,** or **I don't know**.

	Not very well	Somewhat	Mostly	Very well	I don't know
a. How well do the MHSA services meet the needs of people in your community who have serious mental illness?	☐	☐	☐	☐	☐
b. How well do the MHSA services work to help people in your community *before* the development of serious mental illness?	☐	☐	☐	☐	☐
c. How well do the MHSA services meet the needs of people in your community who are experiencing a mental health crisis?	☐	☐	☐	☐	☐
d. How well trained are ADMH and CBO mental health providers in meeting the needs of consumers?	☐	☐	☐	☐	☐
e. How well are job opportunities for clients and family members included in MHSA services?	☐	☐	☐	☐	☐
f. How well do agencies coordinate referrals for mental health services?	☐	☐	☐	☐	☐
Comments:					

5. Have you received information about the progress of implementing the current MHSA programs?

   ☐Yes

   ☐No

6. Have you received information about the outcomes or effectiveness of the current MHSA programs?

   ☐Yes

   ☐No

Comments:

Innovation

7. Have you had experience with **L.I.F.T.**—the **Local Innovation Fast Track** Grant Program? This program offers grant funding in three-year cycles to communities and local provider agencies to introduce new and innovative programs.

   ☐Yes

   ☐No (skip to Question 9)

   ☐I don't know (skip to Question 9)

8. In order to support innovative programs in the future, do you think the Department of Alcohol, Drug and Mental Health should repeat the three-year program funding cycle with new programs or develop a new way to identify innovative programs? (choose one)

   ☐Continue the L.I.F.T. grant program as is and repeat the funding cycle

   ☐Continue the grant program with modifications

   ➔ What would you modify? _____

   ☐Develop a new way to identify innovative programs

   ☐I'm not sure

Please list any suggestions for how the County could identify new and innovative mental health programs.

MHSA Values

9. To what extent are MHSA services achieving the following goals? For each question, please mark one response: **Not at all, Somewhat, Mostly, Completely,** or **I don't know**.

	Not at all	Somewhat	Mostly	Completely	I don't know
a. Services are focused on wellness, recovery, and resilience	☐	☐	☐	☐	☐
b. Services respect the culture and language of consumers and their families	☐	☐	☐	☐	☐
c. Consumers and families are involved in the design of mental health services	☐	☐	☐	☐	☐
d. Agencies work together to coordinate mental health services for consumers	☐	☐	☐	☐	☐
e. It is easy for consumers and family members to access mental health services	☐	☐	☐	☐	☐
f. Members of the community are involved in the planning process for MHSA services	☐	☐	☐	☐	☐
Comments:					

Facilitators and Challenges

10. Over the past five years, what have been the most helpful changes in the County's mental health services?

☐ Services are reaching more underserved populations
☐ There are more prevention services
☐ Services are more focused on recovery
☐ There is more coordination or collaboration between agencies
☐ Mental Health services are better integrated with primary care services
☐ The County is more able to respond to mental health crises
☐ There are new and innovative programs
☐ Services are more easily accessible for underserved communities
☐ The County now provides a Benefits Specialist to help individuals with applying for benefits
☐ The County has a Wellness Center
☐ The County provides more housing for mental health consumers
☐ Staff are better trained to provide high quality services
☐ Staff are more culturally competent
☐ Other (specify):_____

11. What has been the greatest success of the MHSA programs and services in your community?

12. Are there any populations or groups of people who are not being adequately served by the current MHSA services? Please mark them on the list below or write in the area provided.

☐ Children ages 0-5
☐ School-Age Children
☐ Transition-Age Youth (ages 16-24)
☐ Adults (ages 25-59)
☐ Older Adults (over age 60)
☐ Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, and Questioning (LGBTIQQ)
☐ African American/Black
☐ Hispanic/Latino
☐ Asian or Pacific Islander
☐ American Indian/Native Alaskan
☐ Russian
☐ Persons with limited English proficiency
☐ Persons with disabilities
☐ Persons experiencing a mental health crisis
☐ Persons involved in the criminal justice system
☐ Persons experiencing homelessness
☐ Persons with co-occurring disorders
☐ Persons who have Medicare or both Medicare and Medi-Cal
☐ Other population (specify):_____

13. Are there any geographic areas or neighborhoods where services are not currently available or accessible? Please mark them on the list below or write in the area provided.

☐ Davis
☐ West Sacramento
☐ Winters
☐ Woodland
☐ Brooks
☐ Capay
☐ Clarksburg
☐ Dunnigan
☐ El Macero
☐ Esparto
☐ Guinda
☐ Knights Landing
☐ Madison
☐ Monument Hills
☐ Plainfield
☐ Rumsey
☐ Yolo
☐ Zamora
☐Other (please specify):
_____

14. What issues make it more challenging for consumers and their families to receive services? Please mark them on the list below or write in the area provided.

☒ Lack of transportation to appointments
☐ There are long waiting lists to get appointments
☐ ADMH orientation is difficult to schedule, attend or navigate
☐ Services are not provided in consumers' preferred language
☐ Providers do not respect consumers' cultural background
☐ There is stigma around mental illness in the community
☐ Lack of insurance or lack of clarity about insurance eligibility
☐ Other (write in): _____

15. Please list any suggestions for how mental health providers could better meet the needs of consumers.

16. Please list any suggestions for programs or services that would enhance consumers' wellness and recovery.

If you would like to receive updates about the community planning process, please enter your email address here. Your email address will not be connected to your survey responses.

_____@_____

Please share the survey link with others who can provide their input!

You can copy the link below into an email to people you know:

http://tinyurl.com/Yolo-MHSA-CPP-Survey

You can also send people the link to the Yolo County MHSA website, where the survey is posted:

http://www.yolocounty.org/Index.aspx?page=993

Thank you for taking our survey! Your response is very important to us.

Appendix 12: Needs Assessment Community Survey - Spanish

Plan de 3 Años de Programación y Gastos de MHSA 2014 – 2017:

Encuesta de planificación para los interesados de la comunidad del Condado de Yolo

Introducción

¡Gracias por visitar nuestra encuesta! Esta encuesta forma parte del proceso de planificación comunitaria de la Ley de Servicios de Salud Mental (MHSA) en el Condado de Yolo. El propósito de esta encuesta es para identificar las necesidades de salud mental y servicios en el Condado de Yolo. La información que proporcione ayudará al Departamento de Alcohol, Drogas y Salud Mental del Condado de Yolo diseñar programas de salud mental en el condado. ¡Para desarrollar los servicios de salud mental que atienden a las necesidades de las personas en el Condado de Yolo, necesitamos saber de usted!

La encuesta le tomará aproximadamente 10 minutos para completar. Todas las respuestas que usted proporciona son confidenciales – no se identificará su nombre. Usted no tiene que responder a todas las preguntas de la encuesta y es posible salir de la encuesta en cualquier momento.

¡Le agradecemos que haya tomado el tiempo de compartir su experiencia con nosotros!

Información Sobre la Ley de Servicios de la Salud Mental

La Ley de Servicios de Salud Mental (MHSA) fue aprobada por los votantes de California en 2004 para transformar y ampliar el sistema de salud mental. MHSA financia una variedad de programas para proveer servicios a las personas con enfermedad mental o en riesgo de desarrollar una enfermedad mental, para educar y capacitar a los trabajadores de salud mental, y para garantizar los condados tienen las instalaciones adecuadas para atender a los clientes. El propósito de los "3 Años de Programación y Plan de Gastos de MHSA" es documentar la visión de la comunidad para hacer frente a la enfermedad mental a través de cada uno de los componentes de MHSA. Estamos entrevistando a los interesados de la comunidad para entender mejor cuáles son las necesidades de la comunidad del Condado de Yolo. La información que usted comparte con nosotros ayudará el desarrollo de los "3 Años de Programación y Plan de Gastos de MHSA" para los servicios y programas del Condado de Yolo.

Existentes Servicios de MHSA

A continuación se muestra una lista de programas y servicios financiados por la Ley de Servicios de Salud Mental (MHSA) en el Condado de Yolo. Por favor marque los programas que ha utilizado (marque todas las que correspondan).

17. Servicios y Apoyos Comunitarios
    - ☐ **Programa para Adultos Mayores**: Alcance y evaluación para adultos mayores
    - ☐ **Programa de TAY**: Rutas hacia la independencia para la edad de transición juvenil
    - ☐ **Programa para Niños:** Servicios de salud mental para los niños rurales
    - ☐ **Programa para Adultos**: Alternativas de bienestar para los consumidores adultos (incluye el Centro de Bienestar)
    - ☐ **Especialista de Beneficios** (sirve todas las edades)

18. Prevención e Intervención
    - ☐ **Equipo de Intervención de Crisis ("CIT") para la Capacitación de la Policía**
    - ☐ **Capacitación y Asistencia de los Primeros Signos** (incluye Primeros Auxilios de salud mental, "SafeTALK" y programas educativos acerca de habilidades de prevenir el suicidio)
    - ☐ **Programa de Resistencia para los Niños del Medio Rural** (servicios de RISE Inc., in el distrito escolar de Esparto and Winters)
    - ☐ **Programa de Resistencia para los Niños Urbanos** (servicios de "Victor Community Services" en los distritos escolares de Davis, Woodland and West Sacramento)
    - ☐ **Voluntarios de "Senior Peer Counselor"** (incluye los servicios de "Friendship Line" para los ancianos)

19. Si usted es un miembro del personal:
    - ☐ **Región Central de la Educación y Capacitación de Empleo ("WET")** (incluye oportunidades regionales para entrenadores de primeros auxilios de salud mental, la conferencia sobre la prevención del suicidio, la conferencia sobre la competencia cultural, el programa de UC Extension de "Leadership in Mental Health" y otros entrenamientos regionales.
    - ☐ **Licencia-Elegible Voluntario**
    - ☐ **Desarrollo Profesional de Salud Mental** ("*Essential Learning/Relias"* el aprendizaje en línea para todo el personal, incluyendo los CEUs del personal clínico)
    - ☐ **Programa de Pago de Préstamos Estudiantiles para Proveedores de Servicios Directos**
    - ☐ **Cap-IT** (Plan de IT— equipos actualizados, mejoras de Avatar, la capacidad de la firma electrónica, el mantenimiento de registros electrónicos)

20. Las siguientes preguntas le piden su opinión acerca de los servicios financiados por MHSA en el Condado de Yolo. Estas preguntas se refieren a los servicios prestados por los empleados del Departamento de Droga, Alcohol, y Salud Mental del Condado de Yolo (ADMH) y las organizaciones comunitarias (CBOs) que contratan con el Condado. Para cada pregunta por favor marque una respuesta: **No muy bien, Un poco, Por la mayoría, Muy bien, o No sé**

	No muy bien	Un poco	Por la mayoría	Muy bien	No sé
g. ¿Qué tan bien los servicios de MHSA satisfacen las necesidades de las personas en su comunidad que tienen una enfermedad mental grave?	☐	☐	☐	☐	☐
h. ¿Qué tan bien los servicios de MHSA trabajan para ayudar a la gente en su comunidad antes del desarrollo de una enfermedad mental grave?	☐	☐	☐	☐	☐
i. ¿Qué tan bien los servicios de MHSA satisfacen las necesidades de las personas en su comunidad que están pasando por una crisis de salud mental?	☐	☐	☐	☐	☐
j. ¿Qué tan bien entrenados son los proveedores de salud mental de ADMH y CBO para atender las necesidades de los consumidores?	☐	☐	☐	☐	☐
k. ¿Cómo están las oportunidades de trabajo para los clientes y miembros de la familia incluidos en los servicios de MHSA?	☐	☐	☐	☐	☐
l. ¿Qué tan bien las agencias coordinan referencias para servicios de salud mental?	☐	☐	☐	☐	☐
Comentarios:					

21. ¿Ha recibido información sobre el progreso de la aplicación de los programas de MHSA?

☐Sí

☐No

22. ¿Ha recibido información sobre los resultados o la eficacia de los programas de MHSA?

☐Sí

☐No

Comentarios:

Innovación

23. ¿Ha tenido experiencia con el programa **"L.I.F.T.- Local Innovation Fast Track"**? Este programa ofrece subvenciones en ciclos de tres años a las comunidades y agencias proveedoras locales para introducir programas nuevos e innovadores.

☐Sí

☐No (avance a la pregunta #9)

☐No sé (avance a la pregunta #9)

24. Para apoyar los programas innovadores en el futuro, ¿cree que el Departamento de Alcohol, Drogas y Salud Mental debe repetir el ciclo de 3 años de financiamiento con nuevos programas o desarrollar una nueva forma de identificar programas innovadores? (elija uno)

☐Continuar el "L.I.F.T." programa de becas tal como está y repita el ciclo de financiación

☐ Continuar con el programa de becas con modificaciones

➔ ¿Qué modificarás? _____

☐ Desarrollar una nueva forma de identificar programas innovadores

☐ No estoy seguro

Por favor escriba cualquier sugerencia de cómo el Condado podría identificar nuevos e innovadores programas de salud mental.

Valores de MHSA

25. ¿Hasta qué punto están los servicios de MHSA alcanzando los siguientes objetivos? Para cada pregunta, por favor marque una respuesta: **Por nada, Un poco, Por la mayoría, Completamente,** o **No sé**.

	Por nada	Un poco	Por la mayoría	Completamente	No sé
g. Los servicios se centran en el bienestar, la recuperación y resistencia	☐	☐	☐	☐	☐
h. Servicios respetan la cultura y el idioma de los consumidores y sus familias	☐	☐	☐	☐	☐
i. Los consumidores y las familias están involucradas en el diseño de servicios de salud mental	☐	☐	☐	☐	☐
j. Las agencias trabajan juntos para coordinar los servicios de salud mental para los consumidores	☐	☐	☐	☐	☐
k. Es fácil para los consumidores y sus familiares acceder a los servicios de salud mental	☐	☐	☐	☐	☐
l. Los miembros de la comunidad están involucrados en el proceso de planificación de los servicios de MHSA	☐	☐	☐	☐	☐
Comentarios:					

Facilitadores y Desafíos

26. En los últimos cinco años, ¿cuáles han sido los más útiles cambios en los servicios de salud mental del condado?

☐ Servicios están llegando a las poblaciones más marginadas
☐ Hay más servicios de prevención
☐ Los servicios se centran más en la recuperación
☐ Existe más coordinación o colaboración entre las agencias
☐ Los servicios de salud mental están mejor integrados con los servicios de atención primaria
☐ El condado es más capaz de responder a las crisis de salud mental
☐ Existen programas nuevos e innovadores
☐ Los servicios son más accesibles para las comunidades marginadas
☐ El condado proporciona ahora un "Especialista de Beneficios" para ayudar a las personas con la solicitud de beneficios
☐ El condado tiene un "Centro de Bienestar"
☐ El condado proporciona más viviendas para los consumidores de salud mental
☐ El personal está mejor capacitado para brindar servicios de alta calidad
☐ El personal es más competente culturalmente
☐ Otra cosa (por favor especifique):_____

27. ¿Cuál ha sido el mayor éxito de los programas y servicios de MHSA en su comunidad?

28. ¿Existen poblaciones o grupos de personas que no están adecuadamente atendidos por los servicios de MHSA? Por favor marque en la lista a continuación o escriba en el área prevista.

☐ Niños 0-5 años
☐ Niños en edad escolar
☐ Jóvenes en edad de transición (edades 16-24)
☐ Adultos (25-59)
☐ Adultos mayores (más de 60 años de edad)
☐ Lesbiana, Gay, Bisexual, Transgénero, Intersexual, y Queer (LGBTIQQ)
☐ Afro Americano/Negro
☐ Hispano/Latino
☐ Asiático o de las Islas del Pacífico
☐ Indio Americano/Nativo de Alaska
☐ Ruso
☐ Personas con limitado dominio del Inglés
☐ Las personas con discapacidad
☐ Las personas que sufren una crisis de salud mental
☐ Las personas involucradas en el sistema de justicia penal
☐ Personas sin hogar
☐ Personas con trastornos coexistentes
☐ Las personas que tienen Medicare o Medi-Cal
☐ Otra población (por favor especifique):_____

29. ¿Existen áreas geográficas o barrios donde los servicios no están disponibles o accesibles en la actualidad? Por favor marque en la lista a continuación o escriba en el área prevista.

☐ Davis
☐ West Sacramento
☐ Winters
☐ Woodland
☐ Brooks
☐ Capay
☐ Clarksburg
☐ Dunnigan
☐ El Macero
☐ Esparto
☐ Guinda
☐ Knights Landing
☐ Madison
☐ Monument Hills
☐ Plainfield
☐ Rumsey
☐ Yolo
☐ Zamora
☐Otra área (por favor especifique):
_____

30. ¿Qué problemas hacen que sea más difícil para que los consumidores y sus familias reciban servicios? Por favor marque en la lista a continuación o escriba en el área prevista.

☐ La falta de transporte a las citas
☐ Hay largas listas de espera para obtener citas
☐ Orientación de ADMH es difícil de programar, asistir o navegar
☐ Los servicios no se proporcionan en el idioma preferido de los consumidores
☐ Los proveedores no respetan los antecedentes culturales de los consumidores
☐ El estigma de enfermedad mental en la comunidad
☐ La falta de seguro de salud o la falta de claridad acerca de la elegibilidad de seguro de salud
☐ Otra cosa (por favor especifique): _____

31. Por favor escriba cualquier sugerencia acerca de cómo los proveedores de salud mental podrían satisfacer mejor las necesidades de los consumidores.

32. Por favor escriba cualquier sugerencia acerca de los programas o servicios que podrían mejorar la salud y la recuperación de los consumidores.

Si usted desea recibir actualizaciones sobre el proceso de planificación de la comunidad, por favor, escribe su dirección de correo electrónico aquí. Su dirección de correo electrónico no será conectada a sus respuestas a la encuesta.

_____@_____

¡Por favor, comparta el enlace de la encuesta con otras personas que puedan aportar su ayuda!

Puede copiar el siguiente enlace en un correo electrónico para enviar a gente que conoces:

http://tinyurl.com/Yolo-MHSA-CPP-Survey

También se puede mandar a la gente el enlace al sitio web de MHSA del Condado de Yolo donde se puede encontrar la encuesta:

http://www.yolocounty.org/Index.aspx?page=993

¡Gracias por tomar nuestra encuesta! Su respuesta es muy importante para nosotros.

Appendix 13: Strategy Roundtable Presentations

YOLO COUNTY: MHSA THREE-YEAR PROGRAM AND EXPENDITURE PLAN 2014 – 2017 STRATEGY ROUNDTABLE: COMMUNITY SERVICES AND SUPPORTS

November 12, 2013

Resource Development Associates

Roberta Chambers, PsyD

RDA Community Planning Process

Agenda

2

- 1:00-1:15
  - Welcome and Introductions
  - Overview of MHSA and Community Planning Process
  - Review Strategy Roundtable Purpose and Structure
- 1:15-2:00
  - Review and Discuss Program Data and Needs Assessment
  - Review and Discuss Service Gaps
  - Prioritize Service Gaps
- 2:00-2:30
  - Breakout Groups – Strategy Worksheets
- 2:30-2:45
  - Break
- 2:45-3:45
  - Report Back from Breakout Groups
  - Prioritize Strategies
- 3:45-4:00
  - Review Next Steps

MHSA Overview

3

- 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

4

Yolo County MHSA Components

5

Core Component	Program Status	Budget FY 12-13
CSS – Community Services and Supports	Active	$5,651,030
PEI – Prevention and Early Intervention	Active	$1,372,068
Innovation	Active	$805,000
WET – Workforce Education & Training	Active	$135,127
CFTN – Capital Facilities and Technology Needs	Active	$497,634
Housing	Funds held by CalHFA	$3,100,000

Community Services and Supports

6

- **Full Service Partnership (FSP):** A full array of recovery-oriented mental healthcare to provide "whatever it takes"
- **General System Development:** An array of strategies and programs to transform the mental health service system
- **Outreach and Engagement:** Activities to reach underserved populations
- Required to spend **50%** of CSS funds on FSP.

3-Year Program & Expenditure Plan

7

- Document the community's vision for addressing mental illness through each of the MHSA components
- Must be approved by the Board of Supervisors before Yolo County can receive funds

RDA

Community Planning Process

8

Program planning shall be developed with local stakeholders including:

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

RDA

Planning Timeline

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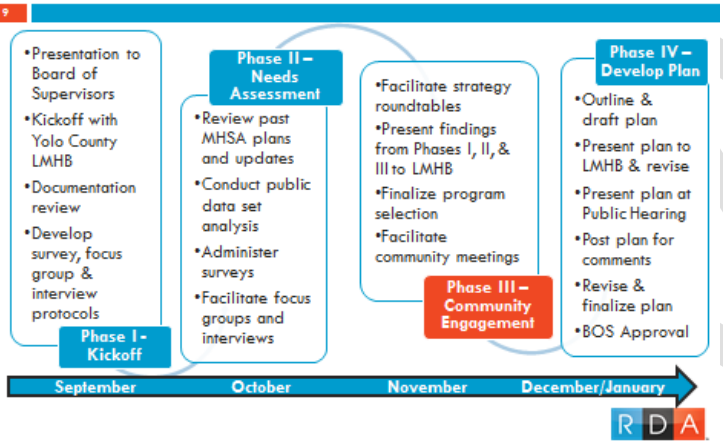

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Strategy Roundtable Objectives

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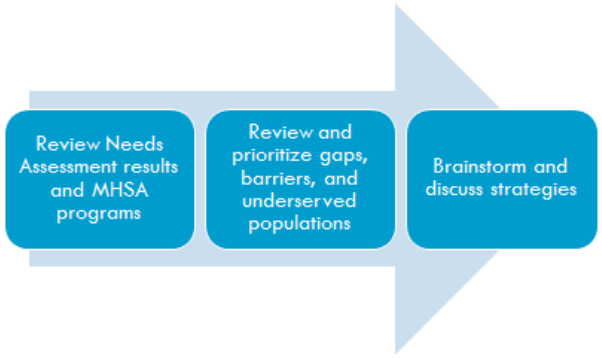

RDA

11 CSS Program Data

RDA

Overview of CSS Programs

12

Age Group	Program
Children	• Rural Children's Mental Health Services
TAY	• Pathways to Independence for Transition-Age Youth
Adults	• Wellness Alternatives for Adult Consumers
Older Adults	• Older Adult Outreach and Assessment
All	• Benefits Specialist

RDA

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Rural Children's Mental Health Services

13

- ***Priority population:*** *Children and youth up to age 17 in the western rural region of Yolo County who have psychiatric disabilities and unmet or under-met treatment needs*
- Provide intensive support services including individual and family therapy for children identified as Full Service Partners
- Work with PEI provider (RISE) to provide services to children and youth identified as at risk
- Work with Esparto and Winters school districts to provide therapy and/or resources and referrals
- Provide linkages to families in need of resources

RDA

Pathways to Independence for TAY

14

- ***Priority population:*** *Youth 16-24 with psychiatric disabilities and unmet or under-met treatment needs; youth emancipating from foster care*
- Intensive support services including individual therapy to youth identified as Full Service Partners
- Medication management services and nursing support
- Benefits assistance to facilitate emancipation
- Assistance in locating affordable housing
- Assistance in developing life skills and employment readiness skills, graduating high school or pursuing further education
- Rehabilitative activities with UC Davis interns
- Referral to substance use treatment
- Rehabilitative wellness programs at the MHSA Wellness Center

RDA

Wellness Alternatives for Adults

15

- ***Priority population:*** *Adults 25-59 with serious mental illness who are impoverished, uninsured, and underserved*
- Intensive support services including individual therapy for 100-120 homeless and impoverished adults identified as Full Service Partners
- Assertive Community Treatment (ACT) for acutely mentally ill consumers
- Assisted Outpatient Treatment pilot project (Laura's Law)
- Medication management services and nursing support
- Benefits assistance
- Assistance in locating safe, affordable housing
- Referral to substance abuse treatment services
- Opportunities to socialize and learn with clients from neighboring counties
- Supportive living services
- Assistance finding employment and volunteer opportunities
- Resource information for basic needs
- Group support and socialization through the MHSA Wellness Center

RDA

Older Adult Outreach and Assessment

16

- ***Priority population:*** *Consumers age 60+ with serious mental illness who are uninsured and underserved; seniors experiencing onset of mental illness late in life*
- Intensive support services including individual therapy for older adults identified as Full Service Partners
- Medication management services and nursing support
- Assistance with transportation for medical and benefits appointments
- Assistance in locating safe, affordable housing
- Promoting positive contact with family members and assisting families with the mental decline of an elder
- Coordination with DSS, Public Guardian's Office, and assisted living opportunities
- Link to Senior Peer Counselor Program

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Benefits Assistance

17

- Benefits and outreach specialist to support people to enroll in Medi-Cal and other entitlement programs.

RDA

CSS Program Data

18

Program	FY 11-12	FY 12-13
Rural Children's Mental Health Program		
• Full Service Partnership	6	8
• System Development - Increase MH services in schools and community	60	106
• Outreach and Engagement - engage diverse families to provide MH information	94	44
Pathways to Independence for Transition-Age Youth		
• Full Service Partnership	18	24
• System Development - Peer support; youth plan services; family support	69	81
• Outreach and Engagement - Court case management; aid for emancipated. youth, Spec. Ed.	122	21

RDA

RDA

CSS Program Data

19

Program	FY 11-12	FY 12-13
Adult Wellness Alternatives		
• Full Service Partnerships	105	100
• System Development - Wellness Center; MH services to homeless; integrated subst. abuse services	215	225
• Outreach and Engagement - Wellness Center; help court-involved and homeless SMI	200	54
Older Adult Outreach and Assessment		
• Full Service Partnerships	19	21
• System Development - Therapeutic services in home, at Senior Center; interagency collaboration	67	73
• Outreach and Engagement - Outreach to ethnic groups in community; coordination with Sr. Peer Counselors	113	39

20 Needs Assessment

- Who participated?
- What did we find?

Data Collection

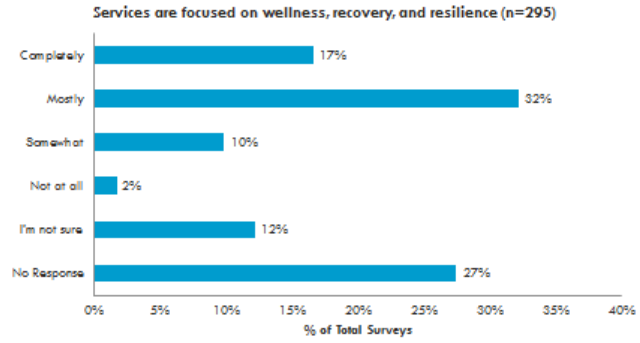
21

Interviews	Focus Groups	Survey

• 31 stakeholders from county and community-based agencies	• ADMH staff
	• Community-based providers
	• Rural residents (Esparto, Winters)
	• TAY
	• Adults (West Sacramento; Wellness Center; Homeless)
	• Older Adults
		• Online and paper survey
		• Distributed to consumers, family members, and providers
		• 272 received
		  • 22% family members
		  • 18% consumers
		  • 18% providers

Survey Results: MHSA Values

22



Survey Results: MHSA Values

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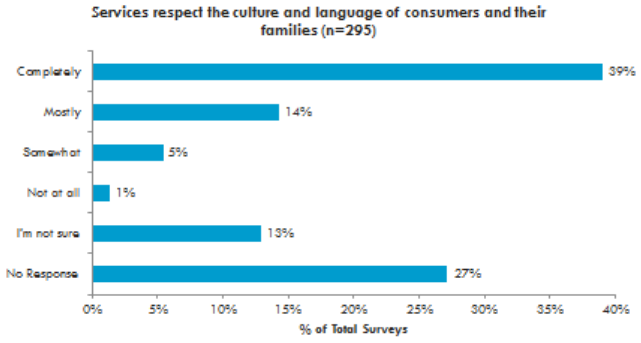

Survey Results: MHSA Values

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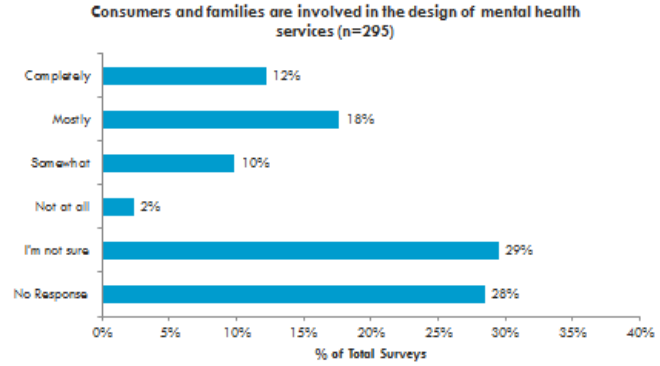

Survey Results: MHSA Values

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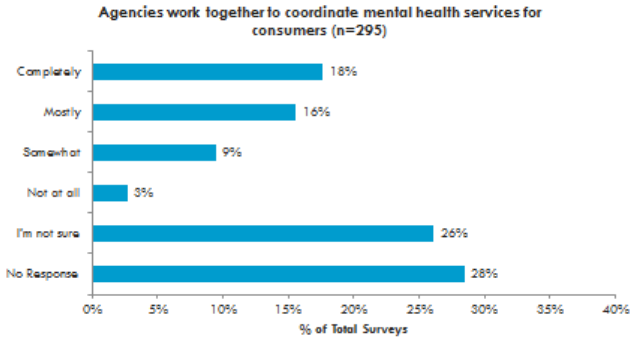

Survey Results: MHSA Values

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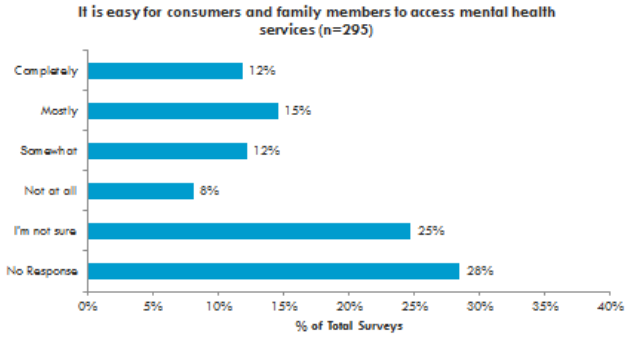

Survey Results: MHSA Values

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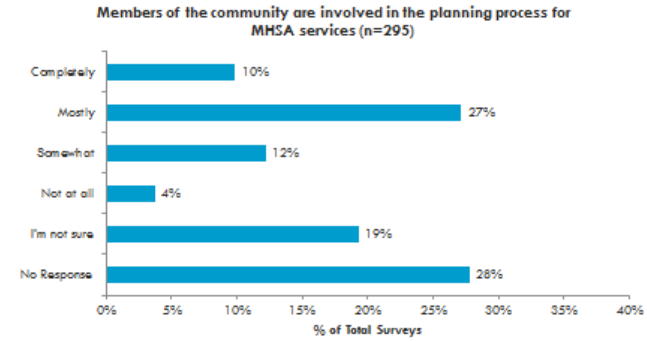


Survey Results: Most helpful changes in past 5 years

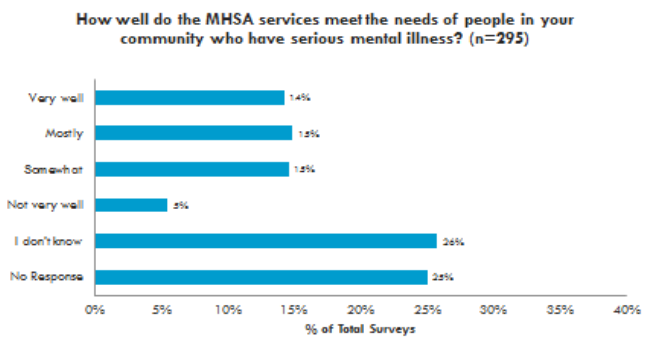
28

Most Helpful Changes in County's Mental Health Services in Past 5 Years	% of Total
There are new and innovative programs	24%
Services are reaching more underserved populations	22%
There are more prevention services	20%
Staff are better trained to provide high quality services	18%
There is more coordination or collaboration between agencies	17%
Services are more easily accessible for underserved communities	16%
The County has a Wellness Center	16%
Staff are more culturally competent	15%
The County provides more housing for mental health clients	14%
Services are more focused on recovery	14%
Mental Health services are better integrated with primary care services	13%
The County now provides a Benefits Specialist to help individuals with applying for benefits	12%
The County is more able to respond to mental health crises	11%
Other	7%

% of Total Surveys Completed, n=295

Survey Results: CSS Programs

29



Survey Results: CSS Programs

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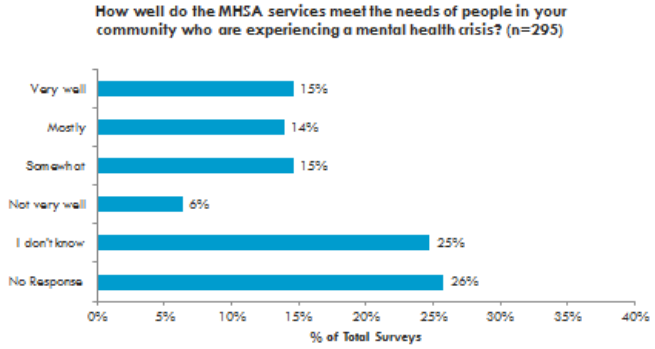

Survey Results: CSS Programs

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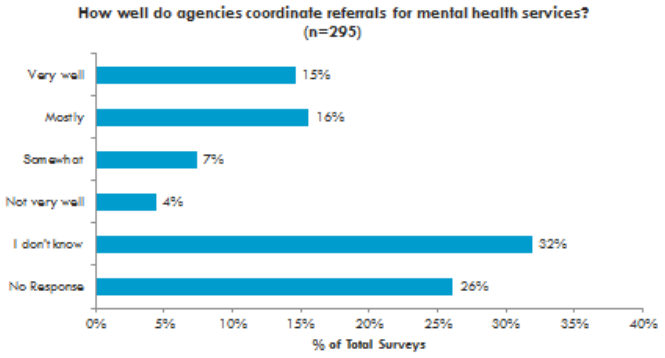
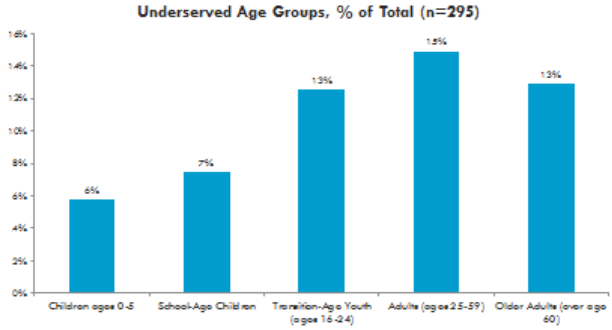


Survey Results: Underserved Populations by Age Groups

32

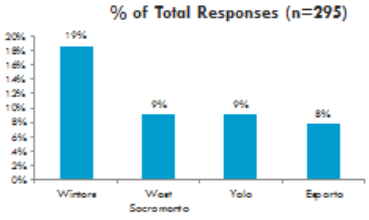


Survey Results: Underserved Populations by Geography

33

City	% of Total Responses	Count of Responses
Winters	19%	55
West Sacramento	9%	27
Yolo	9%	27
Esparto	8%	23

*Includes cities, census designated places, and unincorporated communities.



Survey Results: Underserved Populations by Rural Areas

34

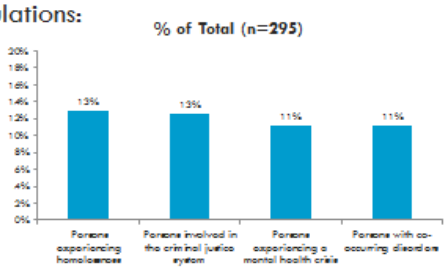
- Combined, rural areas represent 80% of all responses to geography of underserved populations

City	% of Total	Count of Responses
Winters	19%	55
Esparto	8%	23
Capay	5%	14
Knights Landing	5%	14
Clarksburg	5%	15
Dunnigan	5%	15
Madison	5%	15
Rumsey	5%	15
Zamora	5%	16
Brooks	4%	13
Guinda	4%	13
Monument Hills	3%	10
Plainfield	3%	10
El Macero	2%	7
Total Rural	**80%**	**235**

Survey Results: Underserved Populations by Demographic Groups

35

- Four demographic groups were identified by over 10% of survey respondents as an underserved populations:



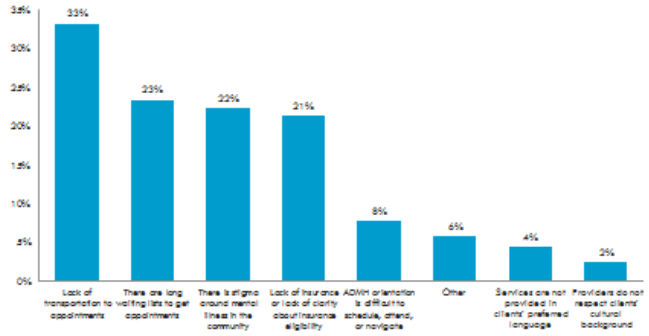
Survey Results: Underserved Populations by Demographic Groups

36

Unserved or Underserved Populations	% of Total	Count of Responses
Persons experiencing homelessness	13%	38
Persons involved in the criminal justice system	13%	37
Persons experiencing a mental health crisis	11%	33
Persons with co-occurring disorders	11%	33
Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, and Questioning (LGBTIQQ)	8%	24
Hispanic/Latino	7%	20
Persons who have Medicare or both Medicare and Medi-Cal	6%	19
Persons with limited English proficiency	6%	18
Persons with disabilities	5%	14
Asian or Pacific Islander	4%	13
African American/Black	3%	10
American Indian/Native Alaskan	3%	9
Russian	3%	9
Persons with mild or moderate mental illness	0%	0
Other	6%	17

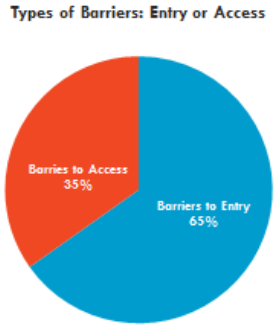
Survey Results: Barriers to Access

37



Survey Results: Barriers to Access

38



What mental health services do people need?

39

- 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?

40

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

What is getting in the way of accessing services?

41

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 is getting in the way of accessing services?

42

Barriers to a Continuum of Mental Health Services:

- After-hours access to records and mental health resources
- Stigma against people with mental illness, specifically for:
  - Latino & Russian communities
  - Transitional Age Youth (TAY)

What are the workforce needs?

43

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

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

What training and education is needed for providers?

- Customer service training
- Mental health education for non-mental health professionals
- Specialty clinical training (ex. DBT)

RDA

What are the Cap/IT needs?

44

What can we improve about the facilities where people are served?

Capital Facilities

- Lack of services in areas outside of Woodland
- Need for Wellness Centers in areas outside of Woodland
- Lack of continuity between services and supports across all stages of recovery

Technological Needs

- Lack of after-hours access to records and mental health resources
- Lack of continuity in and/or access to eligibility information

RDA

Discussion (15 min)

45

Do you agree with these gaps?

Is there anything missing or inaccurate?

RDA

Prioritization Exercise

46

Review list of gaps

Vote for the five most important gaps to fill

RDA

Breakout Groups

47

Choose gap you are most interested in

Complete worksheet with your group

RDA

Keep in mind…

48

Requirements of CSS

Full Service Partnership: A full array of recovery-oriented mental healthcare to provide "whatever it takes"

General System Development: An array of strategies and programs to transform the mental health service system

Outreach and Engagement: Activities to reach underserved populations

Maximize the use of existing resources

Where are there opportunities to **improve** CSS programs?

Where are there opportunities to **enhance** CSS programs?

Where are there opportunities to improve **collaboration** between CSS programs?

RDA

RDA

Strategy Worksheet

49

Brainstorm strategies to address gaps → For each strategy are there:

- **Existing** resources or programs?
- **Changes** to existing resources or programs?
- **New** programs or resources?

RDA

Report-Back and Discussion

50

What strategies did your group come up with? → Which gaps would each strategy address? → What level of resources would each strategy require?

- **Low:** uses mostly existing resources
- **Medium:** modifications or additions to existing programs
- **High:** creation of a new program

RDA

Report-Back and Discussion

51

Feedback on the proposed strategies?

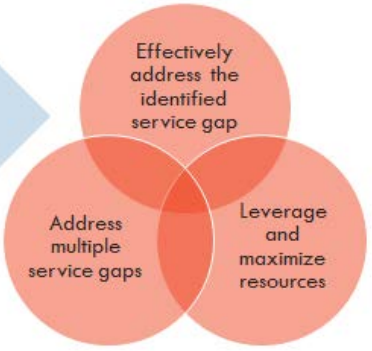
Any additional strategies?

RDA

Strategy Prioritization

52

Vote for the strategies you would prioritize, based on their ability to…



RDA

YOLO COUNTY:
MHSA THREE-YEAR PROGRAM AND EXPENDITURE PLAN 2014 – 2017
STRATEGY ROUNDTABLE:
PREVENTION AND EARLY INTERVENTION

November 12, 2013

Resource Development Associates

Roberta Chambers, PsyD

RDA Community Planning Process

Prevention and Early Intervention

6

- **Engage** persons prior to development of serious mental illness or emotional disturbance
- **Alleviate** the need for additional mental health treatment
- **Transition** those with identifiable need to extended mental health treatment
- Must be **20%** of the total MHSA budget

RDA

RDA

11

PEI Program Data

RDA

Overview of PEI Programs

12

- Urban Children's Resiliency Program
- Rural Children's Resiliency Program
- Senior Peer Counselor Volunteers
- Early Signs Training and Assistance
- Crisis Intervention Team (CIT) Training for Law Enforcement

RDA

Urban Children's Resiliency Program

13

- ***Goal:*** *Reach children and youth experiencing emotional difficulties and/or high-risk behaviors*
- **Individualized and group education**
  - Anger management, drug and alcohol use, self-esteem, relationship building, effective parenting, cognitive life skills, gang involvement, school violence and truancy
  - Strengthen relationships with parents and teachers
  - Goal setting and problem solving skills
- **Organized creative activities: The Stage Project**
  - Youth publicly present poetry, music, drama, and other artistic expression
  - Build social skills, self-control, self-esteem, and resiliency

RDA

Rural Children's Resiliency Program

14

- ***Goal:*** *Enhance life skills, build resiliency, and promote mental wellness among rural children, youth and families*
- Groups for children experiencing parents' divorce
- Guided support groups for high-risk and troubled youth at alternative school settings
- Discussion groups for girls in early teens
- Organized outdoor activities
- Drug education programs
- Anger management groups
- Resiliency-building services and choice-based case management for at-risk youth in Winters
- Referrals to ADMH when necessary

RDA

Senior Peer Counselor Volunteers

15

- ***Goal:*** *Offer support to seniors at risk of losing their independence; help older adults live in the community as long as possible*
- Older adult volunteers are trained to work with adults experiencing mental illness or signs of mental illness onset
- Volunteers make referrals when increased care and support is required
- Partnership with Friendship Line for supportive telephone contact for seniors in need (from warm line to hot line and referrals back to ADMH)
- Magnets for community education

RDA

Early Signs Training and Assistance

16

- ***Goal 1:*** *Educate community in recognizing signs and symptoms of mental illness; help access care; reduce stigma*
- Mental Health First Aid: 12-hour certification course for interested community members
- Youth Mental Health First Aid
- Safe Talk: Suicide Education and Prevention
- ASIS: Applied Suicide Intervention Strategies

RDA

RDA

Crisis Intervention Team Training

17

- ***Goal:*** *Train law enforcement personnel and first responders to recognize signs of mental illness; promote appropriate interventions; reduce stigma*
- 4-day, 32-hour training on mental illness and information on how to respond appropriately and compassionately to those in crisis

PEI Program Data

18

- Numbers Served
  - By age
  - By gender
  - By race/ethnicity, compared to county demographics
  - By language
  - By location

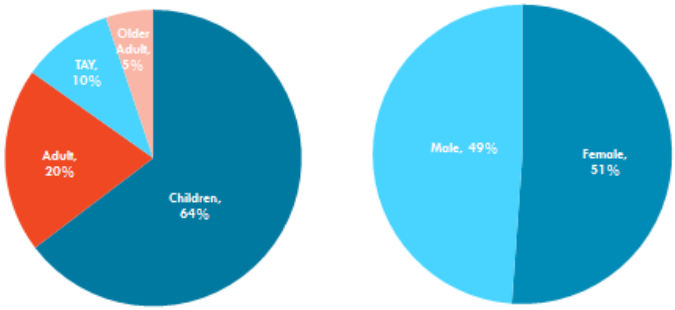
Numbers Served by PEI Program

19

Program	Unduplicated Client Count FY 12-13
Urban Children's Resiliency Program	3,701
Rural Children's Resiliency Program	156
Senior Peer Counselor Volunteers	46
Early Signs Training and Assistance	214
Crisis Intervention Team (CIT) Training	89
Total	**4,206**

Client Age and Gender

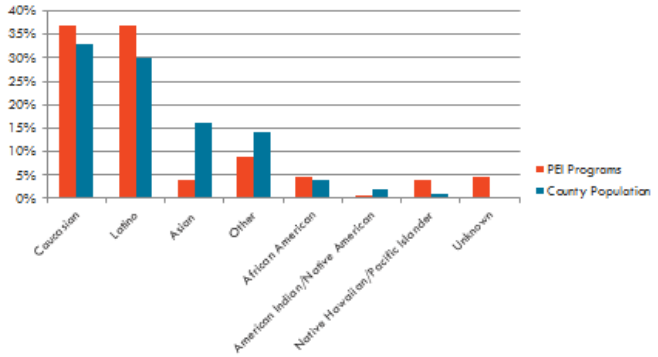
20



Client Race/Ethnicity

Compared with County Population

21



Location of Services

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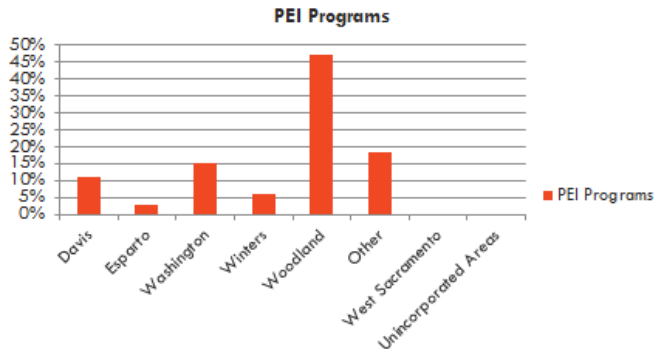
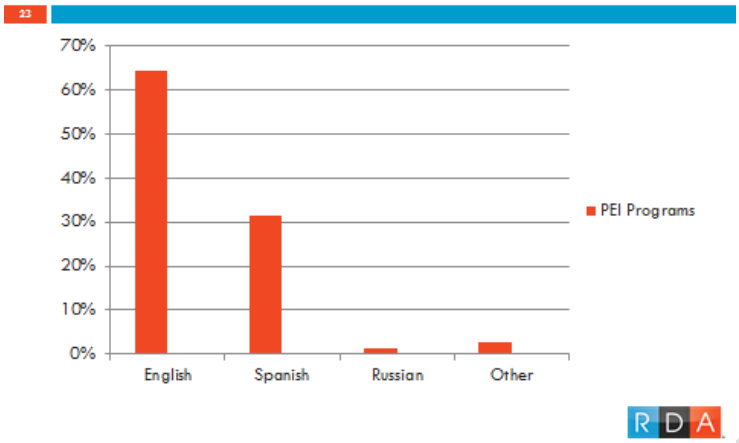
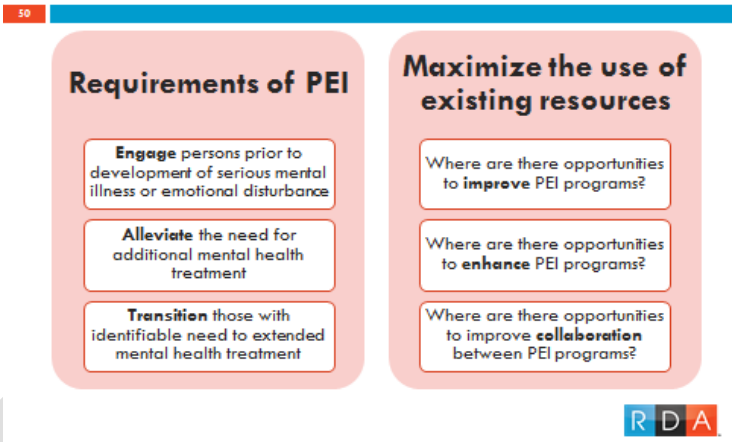


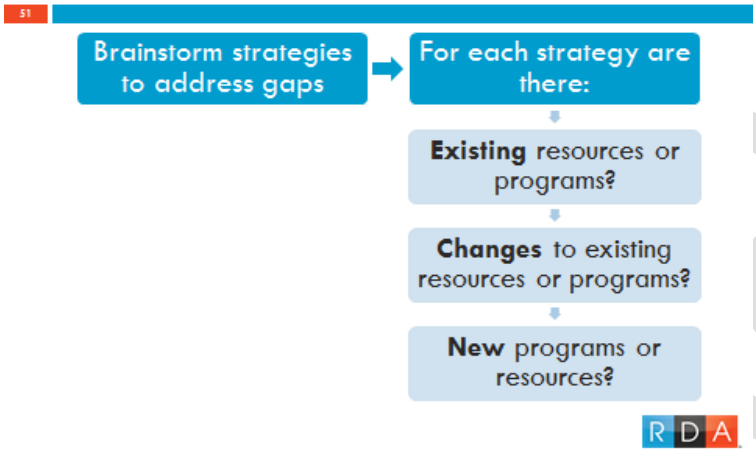
Client Language



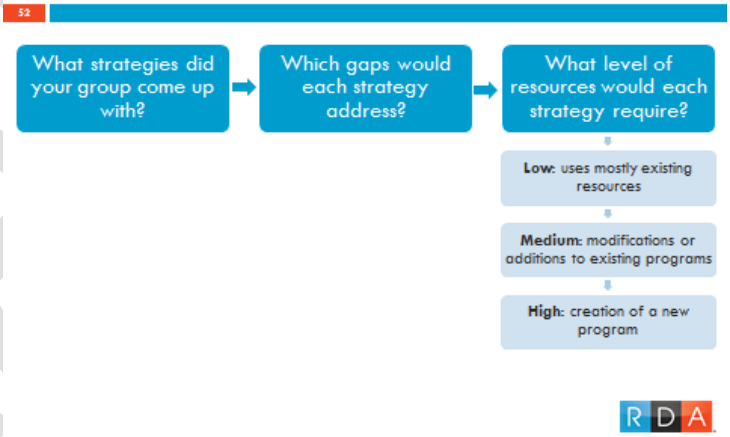
Keep in mind…



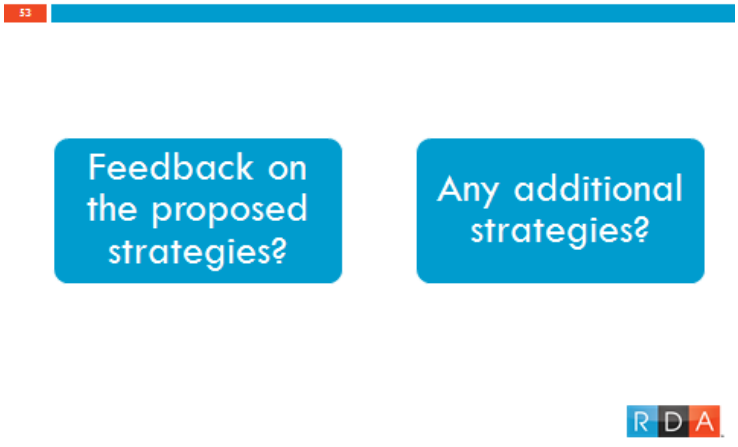
Strategy Worksheet



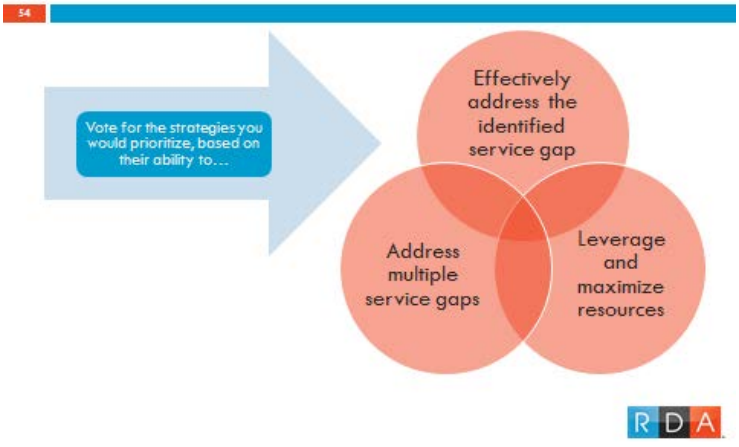
Report-Back and Discussion



Report-Back and Discussion



Strategy Prioritization



YOLO COUNTY:
MHSA THREE-YEAR PROGRAM AND EXPENDITURE PLAN 2014 – 2017
STRATEGY ROUNDTABLE:
WORKFORCE EDUCATION AND TRAINING

November 14, 2013

Resource Development Associates

Roberta Chambers, PsyD

RDA Community Planning Process

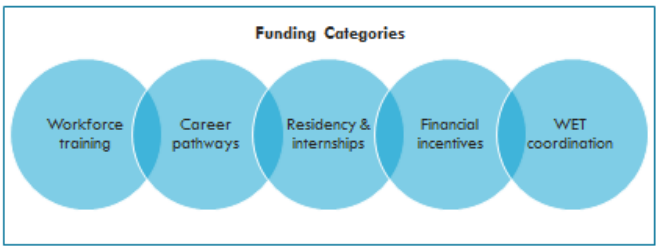
26 WET

RDA

Workforce Education and Training (WET)

27

Goal: to develop and maintain a **competent and diverse workforce** capable of effectively meeting the **mental health needs** of the public



RDA

Current WET Programs

28

- Central Region Workforce Education and Training (WET) Partnership
  - Mental Health First Aid trainers
  - Suicide Prevention conference
  - Cultural Competency Summit
  - Leadership in Mental Health UC Extension course
- License-Eligible Volunteer Intern Program
- Mental Health Professional Development through Essential Learning and other training
- Student Loan Repayment Program

RDA

WET Discussion Questions

29

- What workforce needs have been addressed by WET?
- What training needs remain?
- What are the key workforce shortages?
- Suggestions for improvement?

RDA

30 Cap/IT

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Capital Facilities and Technological Needs (CFTN)

31

Capital Facilities
Buildings used for the delivery of MHSA services or for administrative offices

Technological Improvements
Support for MHSA objectives through cost effective and efficient improvements to data processing and communications

RDA

Technological Improvement Plans

32

- Upgrades to Avatar Management Information System
- Acquisition of hardware and software to facilitate document imaging and promote electronic medical record keeping
- Software enhancements such as electronic prescribing and electronic document signature
- Acquisition of laptops for use in the field
- Improvement of computer access for clients in the Wellness Center and clinics

RDA

Progress

33

- Replaced computer workstations for ADMH staff with upgraded hardware
- Completed purchase and installation of equipment
- Implemented MyAvatar software upgrade, server upgrades, and purchase of iPads
- Electronic signature and prescription capabilities – in testing phase (implementation by end of 2013)
- Digital conversion of stored medical records – preliminary phase of implementation

RDA

Capital Facilities

34

- Plan for Wellness Center remodeling to include sink and kitchen area to support food preparation and life skills development.
  - Currently in the process of getting bids.

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CapIT Discussion Questions

35

- What technology needs have been addressed by CapIT?
- What technology-related needs remain?
- What facilities needs have been addressed by CapIT?
- What facilities needs remain?
- Suggestions for improvement?

RDA

YOLO COUNTY: MHSA THREE-YEAR PROGRAM AND EXPENDITURE PLAN 2014 – 2017 STRATEGY ROUNDTABLE: INNOVATION COMPONENT

November 14, 2013

Resource Development Associates

Roberta Chambers, PsyD

RDA Community Planning Process

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24 Yolo County Innovation Program

MHSA Innovation Guidelines

25

- Funds novel, creative & ingenious mental health practices
- Counties must use innovation funds for one or more of the following purposes:
  - Increase access to underserved groups
  - Increase the quality of services
  - Promote interagency collaboration
  - Increase access to services
- INN program funding is time-limited for 3 years. To continue specific INN programs, alternative funding must be identified.

Local Innovation Fast Track ("LIFT") Program

26

- Provides three levels of grant funding to community providers and stakeholders
- Encourages community collaboration in introducing new programs, events, and trainings
- Bolsters local providers
- Funding:
  - FY 11-12: $1,000,500
  - FY 12-13: $805,000
  - FY 13-14: $805,000

LIFT Programs Must Be…

27

Levels of Grant Funding

28

- Tier I (FY 11-12)
  - Small grants for one-time special events, community services, or trainings
- Tier II (FY 11-12)
  - Mid-sized grants for multiple-event projects, services or trainings
- Tier III
  - Largest grants intended to fund ongoing programs that are consistent with CSS or PEI components
  - Eligible for funding for two subsequent years

Levels of Grant Funding

28

- Tier I (FY 11-12)
  - Small grants for one-time special events, community services, or trainings
- Tier II (FY 11-12)
  - Mid-sized grants for multiple-event projects, services or trainings
- Tier III
  - Largest grants intended to fund ongoing programs that are consistent with CSS or PEI components
  - Eligible for funding for two subsequent years

Currently Funded Innovation Programs

29

- Free to Choose - Turning Point
  - Wellness and recovery focused harm reduction services for consumers with co-occurring disorders that includes assessments, individual and group therapy, and peer-facilitated groups.
- GAP - YCCC
  - Psychosocial supports, including psychiatry, for people who are uninsured or recently homeless.
- Integration - CommuniCare
  - An integrated approach to providing mental health services in primary care settings.

Innovation Program Data

30

Free to Choose

- Served an average of 14 unduplicated clients per month between April '12 – December '12
- Served an average of 53 unduplicated clients per month between January '13 – March '13

GAP

- Served an average of 32 unduplicated clients per month between July '12 – December '12
- Served an average of 36 unduplicated clients per month between January '13 – September '13

Innovation Program Data

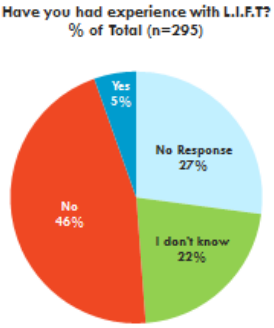
31

Integration

- Served an average of 120 unduplicated clients per month between July '12 – December '12
- Served an average of 175 unduplicated clients per month between January '13 – May '13

Survey Results: L.I.F.T. Programs

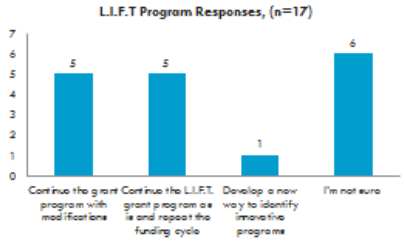
32



Survey Results: L.I.F.T. Programs

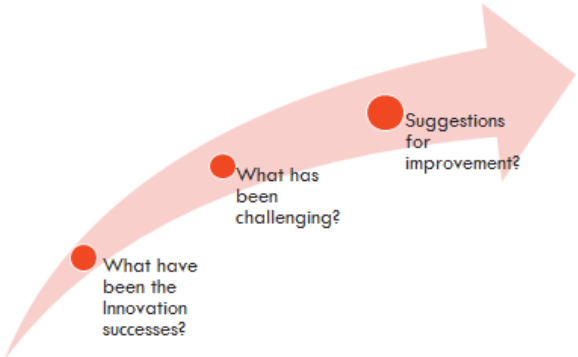
33

- Do you think ADMH should repeat the three year program funding cycle with new programs or develop a new way to identify innovative programs?



Innovation Process Discussion

34



Next Steps

35

- Strategy and planning meetings
- Write plan
- Post for public review
- Public Hearing
- Revise plan and submit to ADMH
- Submit plan to Board of Supervisors

RDA

36

Contact Us:

Roberta Chambers, PsyD
rchambers@resourcedevelopment.net
510.488.4345 x102

Ryan Wythe
rwythe@resourcedevelopment.net
510.488.4345 x117

RDA

Appendix 14: Strategy Roundtable Program Development Worksheet

MHSA Strategy Roundtable Worksheet

Instructions: **Please identify a Reporter and a Scribe** (it can be the same person). At the end of this activity, the designated reporter will present your ideas to the larger group.

Activity Overview: The purpose of this exercise is to **identify strategies to address gaps and barriers** in mental health services. Try to reach consensus if possible. If not, include everyone's perspective. Please spend time discussing your ideas before filling out this form. Use as much space as you need, and feel free to attach an additional page.

Names of Participants:

_____

_____

Please circle Strategy Roundtable Session: ***CAP/IT & WET*** ***INN***

Gap to be addressed: _____

In order to address this gap/need…

1. Of the **existing MHSA programs**, what programs or services are working well?

2. What **changes** would you make to existing programs? (What would need to be added or modified?)

3. What **existing resources** from county or community-based organizations could be leveraged?

4. What **new** programs or strategies would need to be implemented (if any)?

5. Of the strategies you listed above, would any of them **address other gaps**? If so, please list the strategies and gaps here.

Appendix 15: Community Meetings Announcement

From: Joan Beesley
Sent: Friday, November 22, 2013 2:55 PM
To: Joan Beesley
Subject: Important Mental Health Services Act (MHSA) Community Planning Meetings, December 2nd and 3rd
Importance: High

IMPORTANT INVITATION TO MHSA STAKEHOLDERS:

On December 2nd and 3rd, four important meetings will take place with regard to Yolo County's Mental Health Services Act Three-Year Program and Expenditure Plan for 2014-2017. At these meetings, Yolo County ADMH and its consultants from Resource Development Associates (RDA) will present the community needs assessment findings, proposed programs and strategies to bridge the gaps in mental health services. Recommended changes to the current MHSA Plan made by the community stakeholders will be addressed.

Please consider attending any of these meetings:

Monday, December 2, 2013, 12:30-2:00 p.m. in WEST SACRAMENTO: COMMUNITY MEETING
Building A Community Room, 500-A Jefferson Blvd. (at Triangle Court), West Sacramento

Monday, December 2, 2013, 3:00-4:30 p.m. in WOODLAND: COMMUNITY MEETING
Bauer Building, Walker/Thomson Conference Room, 137 N. Cottonwood St. (at W. Woodland Ave.), Woodland

Monday, December 2, 2013, 6:00-7:00 p.m. in WOODLAND: LOCAL MENTAL HEALTH BOARD MEETING
Bauer Building, Walker/Thomson Conference Room, 137 N. Cottonwood St. (at W. Woodland Ave.), Woodland

Tuesday, December 3, 2013, 9:00 a.m. in WOODLAND: YOLO COUNTY BOARD OF SUPERVISORS MEETING
Yolo County Administration Building, 625 Court Street, Room 26, Woodland

All four meetings will cover essentially the same information on the progress in development of the new MHSA plan, and all four meetings are open to the public; however, the two MHSA **Community Meetings** on December 2, 2013 will offer greater opportunity for stakeholder feedback. Presentations at the LMHB and Board of Supervisor meetings are primarily directed at updating these boards, which will have other issues on agenda.

We hope to see you at one of these meetings, and we look forward to hearing your input on the programs and strategies for the MHSA Three-Year Program and Expenditure Plan.

Thank you for your interest in the MHSA Community Planning Process.

Joan

Joan A. Beesley
Mental Health Services Act Coordinator
Cultural Competency Coordinator
Yolo Co. Dept. of Alcohol, Drug and Mental Health
(530) 666-8536

Appendix 16: Community Meetings Flyer

Yolo County Department of Alcohol, Drug, and Mental Health (ADMH) invites you to the:

Mental Health Services Act (MHSA)

Three-Year Program & Expenditure Plan

Community Meetings

We will present the community needs assessment findings, proposed programs and strategies to bridge the gaps in mental health services, and recommendations for Yolo County's MHSA Three-Year Program & Expenditure plan for 2014 – 2017. Please consider attending any of these meetings:

Community Meeting December 2, 2013	Community Meeting December 2, 2013	Local MH Board Meeting December 2, 2013	Board of Supervisors Meeting December 3, 2013
12:30 pm – 2:00 pm **West Sacramento**	**3:00 pm – 4:30 pm** **Woodland**	**6:00 pm** **Woodland**	**9:00 am** **Woodland**
Building A Community Room 500-A Jefferson Blvd. Triangle Court West Sacramento, CA 95605	**Bauer Building, Walker/Thomson Conference Room** 137 N. Cottonwood Street Woodland, CA 95695	**Bauer Building, Walker/Thomson Conference Room** 137 N. Cottonwood Street Woodland, CA 95695	**Yolo County Administration Building** 625 Court Street Room 26 Woodland, CA 95695

Please join us!

Community Meetings are open to the public. We look forward to hearing your input on the programs and strategies for the MHSA Three-Year Program & Expenditure plan.

WELLNESS • RECOVERY • RESILIENCE

Appendix 17: Community Meetings Presentation

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

COMMUNITY MEETING

December 2, 2013

Resource Development Associates

Roberta Chambers, PsyD

R D A Community Planning Process

Agenda

2

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

R D A

MHSA Overview

3

- 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

R D A

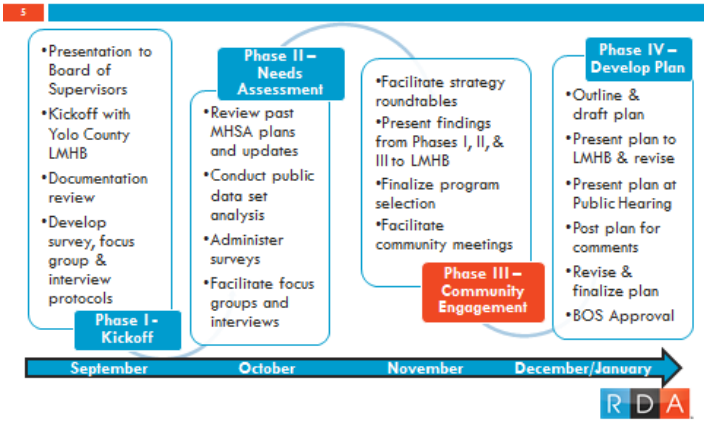
MHSA Values

4

R D A

Community Planning Process

5

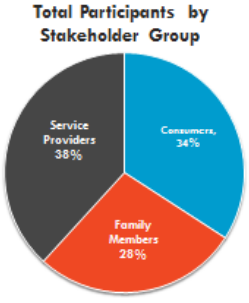


R D A

Community Planning Process

6

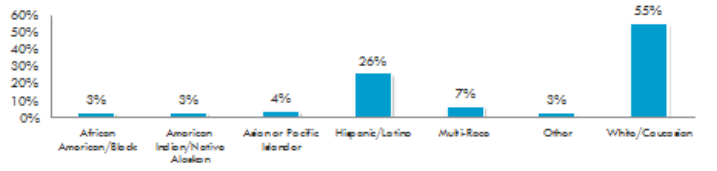
CPP Event	Consumers	Family Members	Service Providers	Total Participants
Kickoff Meetings	4	8	13	24
Focus Group	56	19	38	101
KII	3	7	19	28
Survey	62	61	48	295
Strategy Roundtables	1	7	23	28
Total	126	102	141	476

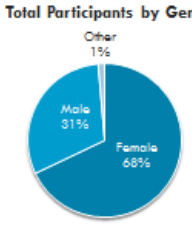


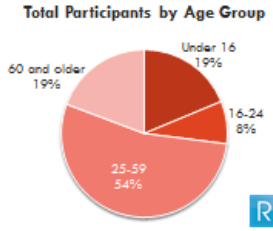
R D A

Community Planning Process

7







R D A

Community Planning Process

8

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%

R D A

Needs Assessment

9

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

R D A

What mental health services do people need?

10

- 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

R D A

Who is being unserved or underserved?

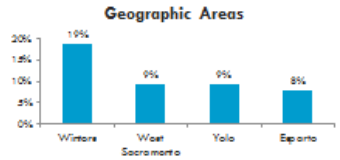
11

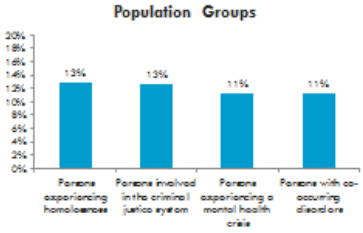
<u>By Geography:</u>

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

<u>By Demographics:</u>

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





What is getting in the way of accessing services?

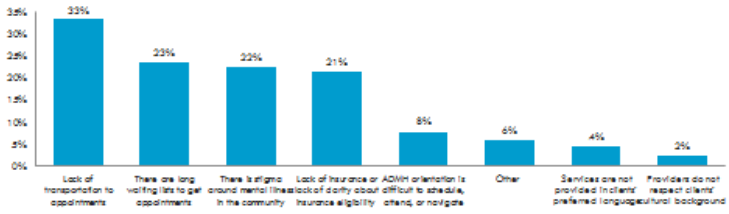
12

<u>Barriers to Entry:</u>

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

<u>Barriers to Ongoing Access:</u>

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



R D A

What are the workforce needs?

13

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

14

Children (ages 0 – 15)

Continuing Programs	Program Enhancements
• Urban Children's Resiliency • Rural Children's Resiliency • Children's Mental Health Services (FSP) • Family Partner	• 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

15

Transitional Age Youth (ages 16 – 24)

Continuing Programs	New & Enhanced Programs
• Urban Children's Resiliency • Rural Children's Resiliency • Pathways to Independence (FSP)	• 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

16

Adults (ages 25 – 59)

Continuing Programs	Program Enhancements

• Wellness Alternatives for Adults (FSP)
  • ACT
  • AOT/Laura's Law
	• 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

17

Older Adults/Seniors (ages 60+)

Continuing Programs	New Programs
• Senior Peer Counseling • Older Adult Outreach & Assessment (FSP)	• Intern Therapy for Older Adults/Seniors • Telepsychiatry, geriatric specialty possible

Proposed Programs

18

Programs Across Age Groups

New & Enhanced Programs	Continuing Programs

• Telepsychiatry
• Peer Navigator and/or Outreach Specialist
• Mental Health Services Resource Materials about Local Programs (include updating Yolo211)
	• Crisis Intervention Training (CIT)
	• Early Signs Program:
	  • Applied Suicide Intervention Strategies Training (ASIST)
	  • Safe Talk
	  • Mental Health First Aid & Children's Mental Health First Aid
	• Benefits Specialist

Other Considerations
• **Orientation services outside of Woodland** will be taken under advisement by ADMH to consider different ways of doing this.

Proposed Programs

19

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	

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Proposed Programs

20

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)

RDA

Proposed Programs

21

Capital Facilities (CF) & Technological Needs (TN)

Continuing Programs

- Yolo Technological Improvement Project – Phase I & Phase II

New Programs

- Telephsychiatry
- 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	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.
CAP/IT Funds for New CSS/PEI Programs	

Proposed Strategies

22

Innovation

Continuing Programs

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

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Proposed Strategies

23

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.

RDA

Next Steps

24

Draft plan

↓

Post for public review

↓

Public Hearing

↓

Revise plan and submit to ADMH

↓

Submit plan to Board of Supervisors

RDA

RDA

Evaluation and Closing

25

Give us your feedback!

Contact Us:

Roberta Chambers, PsyD
rchambers@resourcedevelopment.net
510.488.4345 x102

Ryan Wythe
rwythe@resourcedevelopment.net
510.488.4345 x117

RDA

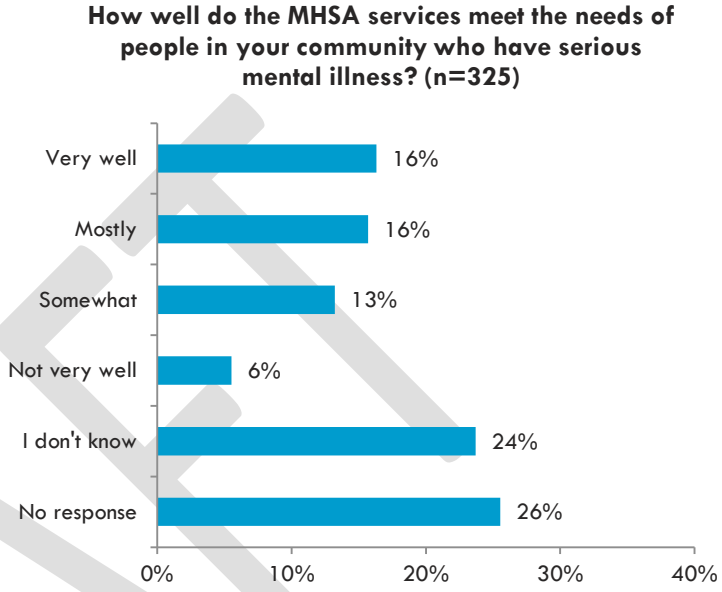
Appendix 18: Community Meetings Needs Assessment Handout

MHSA Community Planning Process:

Needs Assessment Highlights

Mental Health Service Needs

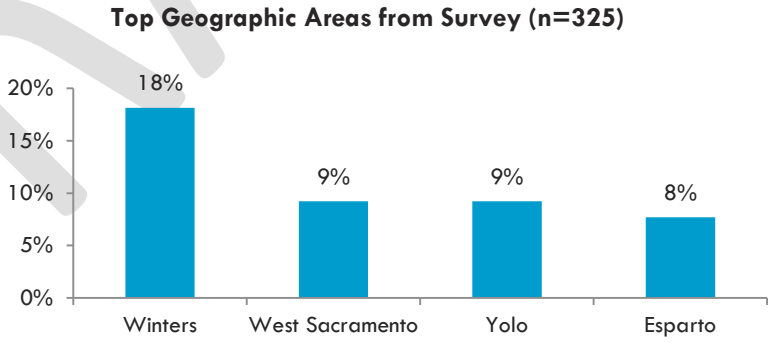
- Expansion of case management services
- Increased availability of psychiatry services
- Services that are regularly accessible across Yolo County
    - Greater awareness/education of mental health issues where there are less mental health professionals
    - Reliable and efficient transportation to 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



Underserved Populations

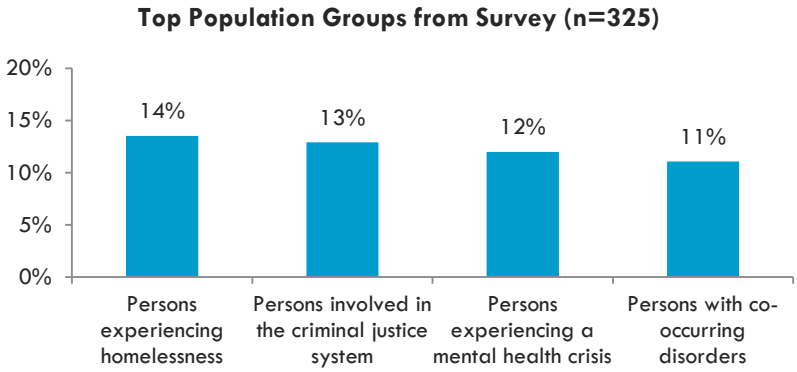
By Geography

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

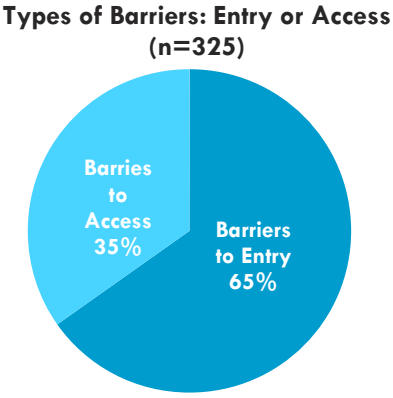


By Demographics

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



Barriers to Access

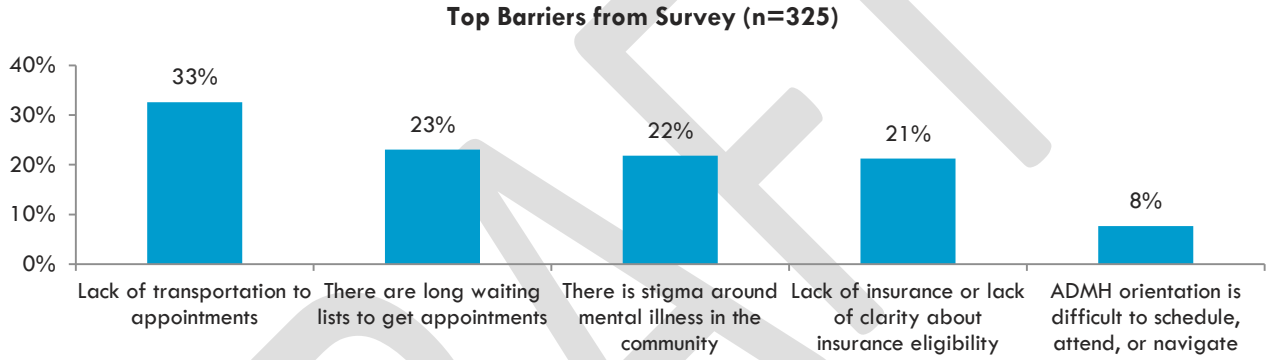


Barriers to Entry:

- 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



Workforce Needs

Shortages

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

Training Needs

- Customer service training
- Mental health education for non-mental health professionals
- Specialty clinical training (ex. DBT)

Capital Facilities and Technology

Facilities

- Lack of services in areas outside of Woodland
- Need for Wellness Centers in areas outside of Woodland
- Lack of continuity between services and supports across all stages of recovery

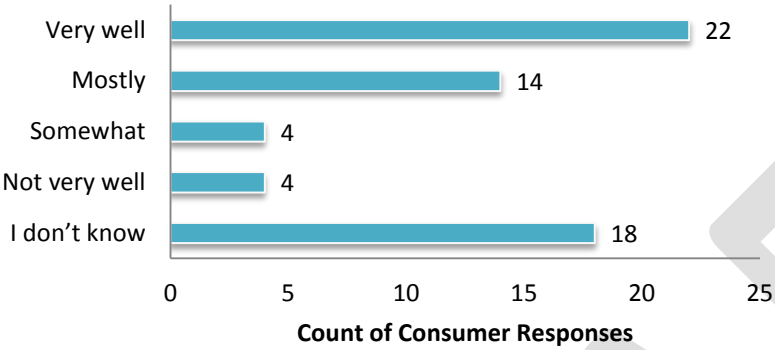
Technology Needs

- Lack of after-hours access to records and mental health resources
- Lack of continuity in and/or access to eligibility information

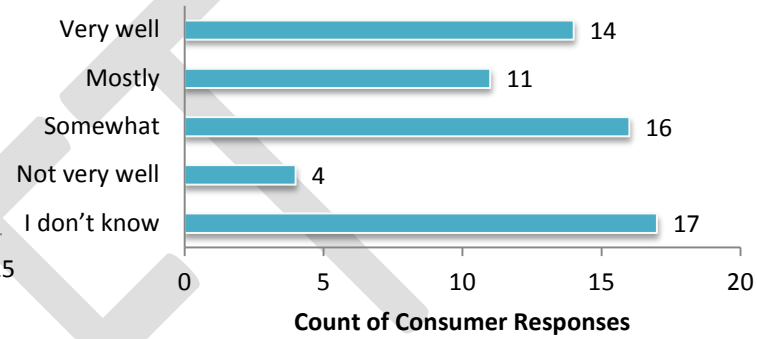
Appendix 19: Community Meetings Consumer Survey Responses Handout

Yolo MHSA CPP Survey: Consumer Responses

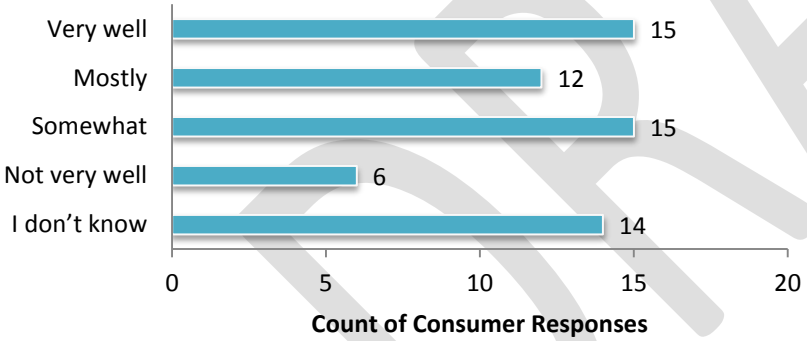
Consumer Responses:
How well do the MHSA services work to help people in your community before the development of serious mental illness?



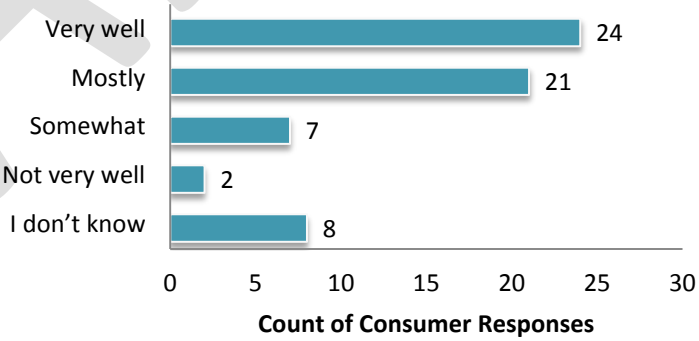
Consumer Responses:
How well do the MHSA services meet the needs of people in your community who have serious mental illness?



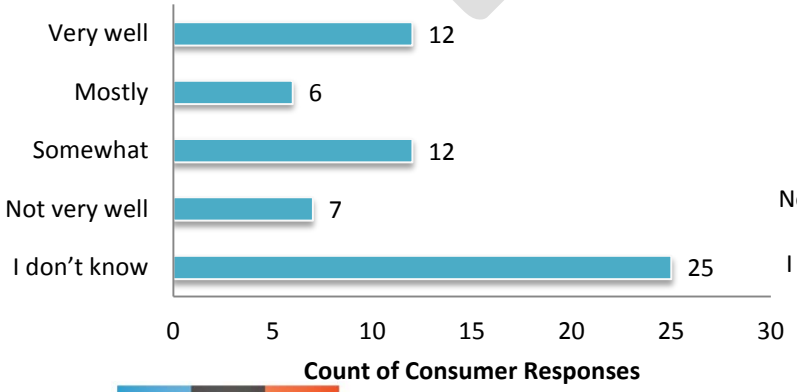
Consumer Responses: How well do the MHSA services meet the needs of people in your community who are experiencing a mental health crisis?



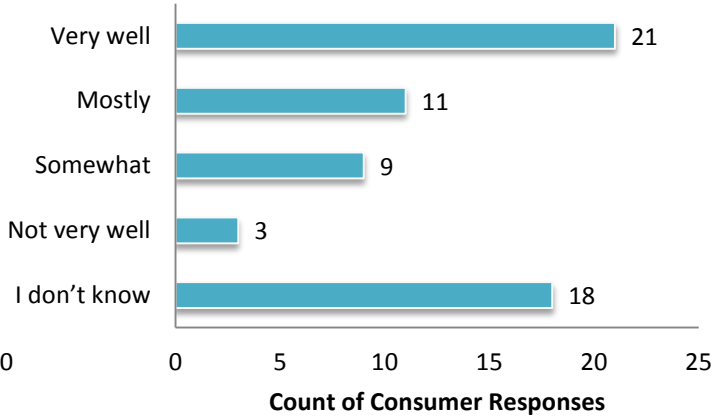
Consumer Responses: How well trained are ADMH and CBO mental health providers in meeting the needs of consumers?



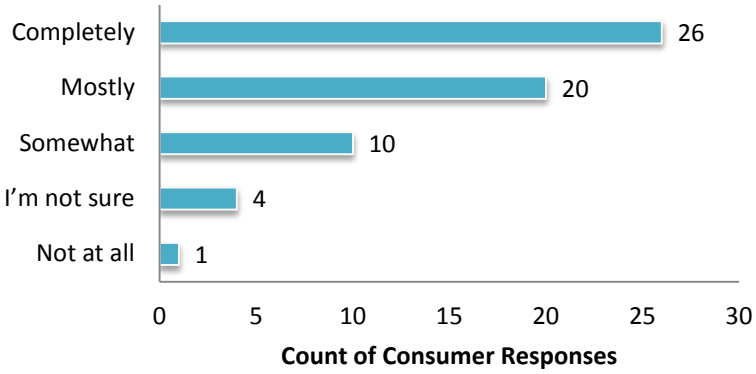
Consumer Responses: How well are job opportunities for clients and family members included in MHSA Services?



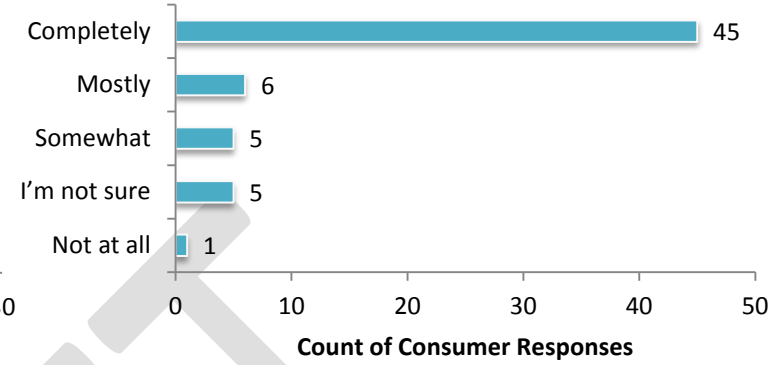
Consumer Responses: How well do agencies coordinate referrals for mental health services?



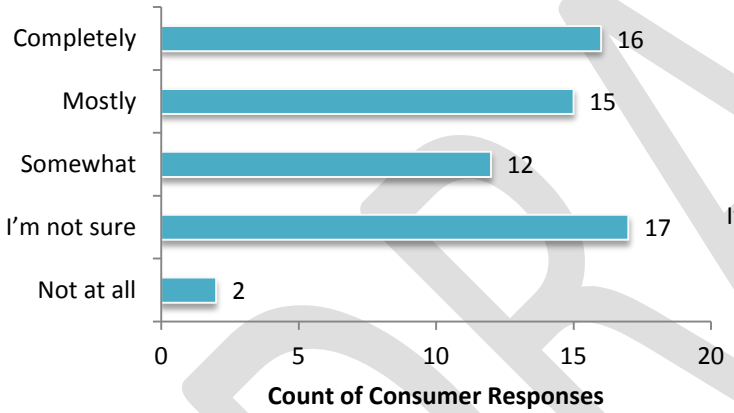
Consumer Responses: Services are focused on wellness, recovery, and resilience



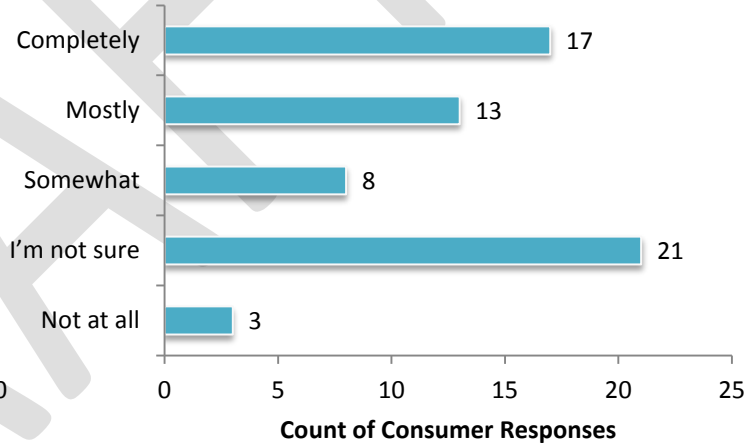
Consumer Responses: Services respect the culture and language of consumers and their families



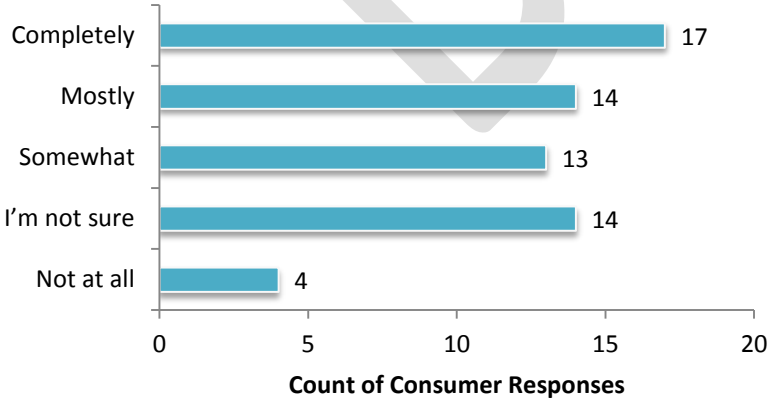
Consumer Responses: Consumers and families are involved in the design of mental health services



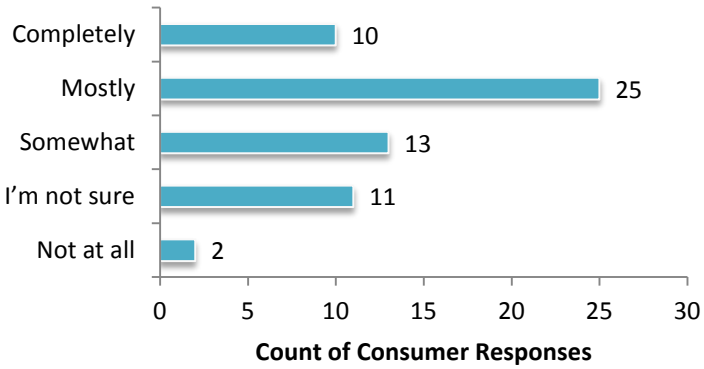
Consumer Responses: Agencies work together to coordinate mental health services for consumers



Consumer Responses: It is easy for consumers and family members to access mental health services



Consumer Responses: Members of the community are involved in the planning process for MHSA services



Consumer Responses: Over the past five years, what have been the most helpful changes in the County's mental health services?	Count of Responses
There are new and innovative programs	27
Services are reaching more underserved populations	25
Staff are better trained to provide high quality services	24
Staff are more culturally competent	23
There are more prevention services	22
Services are more easily accessible for underserved communities	19
There is more coordination or collaboration between agencies	17
Services are more focused on recovery	16
Mental Health services are better integrated with primary care services	16
The County is more able to respond to mental health crises	13
The County has a Wellness Center	12
The County provides more housing for mental health clients	12
The County now provides a Benefits Specialist to help individuals with applying for benefits	10
Other	7

Consumer Responses: What issues make it more challenging for consumers and their families to receive services?	Count of Responses
Lack of transportation to appointments	34
There are long waiting lists to get appointments	25
Lack of insurance or lack of clarity about insurance eligibility	18
There is stigma around mental illness in the community	17
ADMH orientation is difficult to schedule, attend, or navigate	7
Other	5
Services are not provided in clients' preferred language	1
Providers do not respect clients' cultural background	1

Appendix 20: Community Meetings Feedback Form

MHSA Community Planning Process Feedback Form

Thank you for your involvement in the Community Planning Process for Yolo County's Mental Health Services Act. We would like to hear about your experience with the planning process. Your feedback will help us understand what we did well and what we can improve upon in the future. Please help us by taking a few minutes to fill out this anonymous feedback form.

Based on your experience with the MHSA Community Planning Process, please mark to what extent you agree with the following statements.

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. The needs assessment accurately captures the mental health needs in Yolo County.				
2. The proposed plan reflects my opinions/ideas about how to improve mental health services.				
3. The proposed plan will strengthen mental health services in Yolo County.				
4. The proposed plan is in alignment with MHSA values.				
5. The community planning process is in alignment with MHSA values.				

	Poor	Fair	Good	Excellent
6. Overall, how would you rate the quality of facilitation throughout this planning process?				

7. Please share any comments you have about the proposed plan or the community planning process:

Thank you!

Appendix 21: Community Planning Process Participant Demographic Form

[Meeting Type]
[Meeting Date]
Meeting Participant Information

1. Do you identify yourself as a consumer or a family member of a consumer of mental health services?
   - ☐No
   - ☐Consumer
   - ☐Family Member

2. Do you identify as a service provider?
   - ☐No
   - ☐Yes

3. What is your affiliation?
   - ☐County government agency
   - ☐Community-based organization
   - ☐Law Enforcement
   - ☐Education agency
   - ☐Social service agency
   - ☐Veteran Organization
   - ☐Provider of alcohol and other drug services
   - ☐Medical or health care organization
   - ☐Other:_____

4. Please indicate your age range:
   - ☐Under 16
   - ☐16-24
   - ☐25-59
   - ☐60 and older

5. Please indicate your gender:
   - ☐Female
   - ☐Male
   - ☐Other:_____

6. What is your race/ethnicity? (check all that apply)
   - ☐White/Caucasian
   - ☐African American/Black
   - ☐Hispanic /Latino
   - ☐Asian or Pacific Islander
   - ☐American Indian/Native Alaskan
   - ☐Multi-Race
   - ☐Other: _____

7. In which part of Yolo County do you live?
   - ☐ Davis
   - ☐ West Sacramento
   - ☐ Winters
   - ☐ Woodland
   - ☐ Brooks
   - ☐ Capay
   - ☐ Clarksburg
   - ☐ Dunnigan
   - ☐ El Macero
   - ☐ Esparto
   - ☐ Guinda
   - ☐ Knights Landing
   - ☐ Madison
   - ☐ Monument Hills
   - ☐ Plainfield
   - ☐ Rumsey
   - ☐ Yolo
   - ☐ Zamora
   - ☐Other:_____

Appendix 22: Notice of 30-Day Public Comment Period and Notice of Public Hearing

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

MHSA 3-Year Program and Expenditure Plan for Fiscal Years 14-15, 15-16, 16-17

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 Monday, December 23, 2013 and ends at 5:00 p.m. on Wednesday, January 22, 2014.** Interested persons may provide written comments during this public comment period. Written comments and/or questions should be addressed to ADMH, Attn: 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, January 23, 2014, 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 3-Year Program and Expenditure Plan for Fiscal Years 14-15, 15-16, 16-17.

III. **To review the MHSA 3-Year Program and Expenditure Plan for Fiscal Years 14-15, 15-16, 16-17** 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 3-Year Program and Expenditure Plan for Fiscal Years 14-15, 15-16, 16-17 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 Coordinator at (530) 666-8536 before 5:00 p.m., on Monday, January 13, 2014.

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.

Appendix 23: 30-Day Public Comment Form

Yolo County Department of Alcohol, Drug and Mental Health Services

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

Public Comment Period—December 23, 2013 through January 22, 2014

Document Posted for Public Review and Comment:

MHSA 3-Year Program and Expenditure Plan for Fiscal Years 14-15, 15-16, 16-17

(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: