



MINUTES

MAY 14, 2014

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**MEMBERS PRESENT:** Dian Baker, Julie Gallelo, Katy King-Goldberg, John McKean, Kathleen Middings, Tia Will

**MEMBERS ABSENT:** Kristen Alexander, Barbara Boehler, Jenifer Newell, Stephen Nowicki

**GUESTS AND STAFF PRESENT:** Raquel Aguilar, Jan Babb, David Hafter, Ashley Logins-Miller, Deborah Mitchell, Anna Sutton

**I. CALL TO ORDER AND INTRODUCTION**

- Meeting was chaired by Tia Will and Julie Gallelo.
- Meeting was called to order at 8:48 am by Tia Will.
- Around the table introductions were performed.

**II. APPROVAL OF AGENDA AND MINUTES**

- Minutes from February 12, 2014 motion to approve by Katy King-Goldberg, seconded by Tia Will. Approved consensus.
  - Section VI. - On Tia Will's section, change perinatal to postpartum and three to maternal mental.
- Agenda for May 14, 2014 – approved consensus

**III. PUBLIC COMMENT**

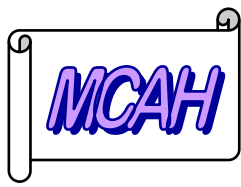
- none

**IV. URBAN CHILDREN'S RESILIENCY PROGRAM**

- Presentation by David Hafter of Victor Community Support Services. Please see the attached Power Point Presentation.
- The Advisory Board shared some potential areas to enhance both the programs offered and community knowledge of them.

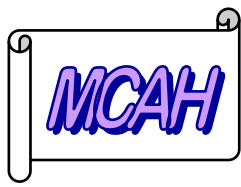
**V. MCAH DIRECTOR'S UPDATE/TITLE V NEEDS ASSESSMENT**

- **Health & Human services update:** The leadership teams from the three Departments are meeting monthly. From those meetings, workgroups have been created with a focus on target populations that all departments serve, such as families, adults and seniors, individuals with special needs. The workgroups are sharing information about their programs to look for areas of overlap and similar goals.
  - For example, it has been identified that the Health Department has the car seat program, while CalWORKs has a need to assure that families



getting back into the workforce have a safe way of transporting their children. There is the possibility of additional funding support for the car seat program. Another area identified is between CalFRESH and the Health Department. CalFRESH eligibility staff might benefit from consultation or technical assistance from Health nutrition staff. This would help assure that accurate information is shared with the community when nutrition questions arise. There is a possibility for the Health Department's registered dietitians to be helpful.

- The HHS integration consultants are developing surveys for staff and advisory board members as to what their ideas are around integration, both ideas and challenges.
- **Perinatal Mental Health Collaborative:** Currently meetings on the 1<sup>st</sup> Friday of every month. Anna Sutton is looking for additional participants from faith communities, 2-1-1, child care, fathers, and survivors.
- **CPSP roundtable** coming up and there will be a representative from Medi-Cal talking about Presumptive Eligibility.
- **Nurse Home Visiting:** The number of cases that Jan shared does not include pending cases. The team is working on outreach. There has been a variety of referrals that focus on medical risk. The NHV Team is working very close with Step-By-Step. The waiting list is to help stagger the number of new cases the nurses are opening at once.
  - A prototype of a unified referral form for use with both NHV and Step-by-Step has been developed. Katy King-Goldberg will be checking in with Healthy Families America regarding this universal referral affecting their accreditation. The internal process will need to be fine-tuned and then the plan is to ask one agency to pilot the universal referral. Kathleen Middings volunteered to be that person. Katy King-Goldberg shared the updated information that the concept of a joint referral form will not be a problem with Healthy Families America. There is still some work to do before it will be ready to pilot.
- **Healthy Yolo Community Health Assessment Regional Reports:** The full Community Health Assessment is also available but it is currently in draft form and available online. Regional Reports are also available hard copy. The County was divided up into seven regions, based on communities in order to look into each community's health. Although not all data is available by communities, what was available was used. The reports, along with short videos for each region, can be found at [www.HealthyYolo.org](http://www.HealthyYolo.org)
- **Title V Needs Assessment Update:** The Advisory Board has been providing input on the Needs Assessment since January. In February, the Advisory Board scored six health priorities areas. The results are:
  - Perinatal Mood Disorders and Mental Health Access – tied for number one.
  - Obesity



- Perinatal Substance Abuse
- Adolescent Sexual Health
- Breastfeeding
- Although all six areas will be appearing on the Title V Needs Assessment as the top priorities areas for Yolo County MCAH, the Health Department MCAH will not be able to do direct intervention around them all. Jan will be developing five year plans for three of the topics: Perinatal Mood Disorders, Mental Health Access, and Adolescent Sexual Health.
- The MCAH Local program will not be addressing Obesity, as the Health Department already has programs directed towards obesity prevention: Nutrition Education & Obesity Prevention (NEOP), an Obesity Prevention Coordinator, and a transportation group that is working on walking/biking promotion and Safe Routes to School. Although those programs are in the MCAH Branch of the Health Department, they are not part of the MCAH Local program.
- Although Adolescent Sexual Health was not identified as one of the top three areas, it was selected due to a limited capacity for prevention work currently, data is trending unfavorably, and there is potential funding through the MCAH program.
- Perinatal Substance Abuse, which did score high, is very difficult to logistically separate this topic from the overlapping topic of Perinatal Mood Disorders and devote resources to the two topics separately. This has been a lengthy discussion at the Perinatal Mental Health Collaborative already. Although the issue is important, the MCAH program does not have the capacity to address it currently but could potentially work with other community agencies to move this issue forward.
- There is one staff person who works on inter-conception and pre-conception health and perinatal substance abuse can be emphasized there.
- There is interest in the Perinatal Day Treatment Director doing a presentation on the trends in Perinatal Substance Abuse for MCAH AB and other interested agencies.
- In addition, Kaiser has a model program around perinatal substance abuse. This might be a good resource for what is and isn't working even if there are not the resources to take this on yet.
- Yolo County has one of the only residential treatment programs around perinatal substance use. Progress House could also be invited to present on their services.
- Mental Health Access: group discussed what the specific access problems in the community are. This information will be included in the MCAH Title V needs assessment report to the State.
  - Lack of school-based services. For example, counseling was provided at the school in the past.




- Connecting with services, getting to therapy is a challenge. Kaiser has specialist that workers can connect with via email, phone, in office, or off site for services. Need more services where consumers are.
- There is a lack of knowledge in the provider community around available services.
- Jan Babb will send out the question for additional people to add to the discussion. What is your biggest main concern around mental health access.

**VI. AROUND THE TABLE: MEMBER/AGENCY UPDATE**

- **Katy King-Goldberg:** In the process of updating the Baby Steps folders and part of that includes narrowing down what is included. The focus of the folder will be on Shaken Baby information and soothing the baby. Katy shared a draft list, and if you have any thoughts or comments, please email Katy King-Goldberg. A press release will be coming out soon about Shaken Baby Syndrome, and in the next year, they are hoping to a public awareness campaign.

**VII. ADJOURN**

- **Next Meeting:** August 13, 2014.
- Meeting was adjourned at 10:17 a.m.



Helping Others Soar

**Victor Community Support Services  
Urban Children's Resiliency Program**

**David N Hafter, MFT  
Program Manager**

## Mission & History

- Our mission is *"to be a catalyst for sustained change in the lives of those we touch"*
- Victor was founded in 1966 by David Favor, LCSW, whose vision was to get children out of state hospitals and re-integrated into the community for treatment.
- Victor first opened residential Victor Treatment Centers and non-public schools – North Valley Schools
- VCSS was started in the late 1990's to provide in-home/community based mental health services. Statewide programs now include EPSDT, MHSA, Wraparound, Department of Rehabilitation, Juvenile Justice Services, Educationally Related Mental Health Services, and First 5 programs.
- VCSS Davis is in its 3<sup>rd</sup> year providing Prevention and Early Intervention work in Yolo County (Davis, Woodland and West Sacramento, plus Clarksburg) funded by MHSA.

## Victor's History With Yolo County

Yolo County workers from Juvenile Probation and Department of Social Services have used Victor Treatment Centers high level residential programs in Lodi, Santa Rosa and Redding to serve Yolo County kids and families for more than 30 years.

## VCSS County Locations in California

- Yolo County--Davis
- San Joaquin County--Stockton
  - Butte County--Chico
- Sutter/Yuba Counties--Marysville
  - Shasta County--Redding
  - Nevada County--Grass Valley
- Riverside County--Lake Elsinore, Perris
- San Bernardino County--San Bernardino, West San Bernardino, Victorville, Barstow

## VCSS Provides a Variety of Services

- MHSA Prevention and Early Intervention
- MHSA Innovations
- Community-Based EPSDT Mental Health Services
- Therapeutic Behavioral Services
- SB163 Wraparound
- School-Based Mental Health Services
- Groups (Why Try, Personal Power, ART, CBT Substance Abuse Treatment, Thinking for a Change, Matrix, INSIGHT, Nurturing Parents and Nurturing Fathers, NCTI, and more)
- Educationally Related Mental Health Services
- Parent Child Interaction Therapy (PCIT)
- Transitional Age Youth (TAY) Services
- Family Resource Centers
- Juvenile Justice Services

## Staffing for VCSS Davis

- VCSS Davis has 6 full time employees
  - One Program Manager/Clinical Supervisor
  - Four Mental Health Rehabilitation Specialists
  - One Office Manager/Human Resources Manager
- Volunteers/Interns – Stage Project
  - The Stage Project has an ever-expanding list of volunteer mentors providing arts-based mentoring services to at risk teens.

## Who we serve at VCSS Davis

- In fiscal year 2011-12 we served 3144 unduplicated clients; in 2013, YTD end of January total was 1776.
- In fiscal year 2011-2012 we had 751 visits (groups events).
- Of students served:
  - 32% White
  - 45% Hispanic
  - 10% multi-racial
  - 2.5% African American
  - 2.5% Asian American
  - 1.5% Hawaiian/Island pacific/Native American
  - 2.5% Other

## Referral Pathways

- Our services are scheduled as events, from school-based groups to community-based mental health education presentations.
- We do extensive outreach to the educational community from the district level heads of student services to vice principals and school counselors.

## Funding Stream

- **Victor's Urban Children's Resiliency Program is funded by Proposition 63: The Mental Health Services Act Prevention and Early Intervention (PEI)**

## Types of Services

### Categories

- School based "Decision – Making" Groups
  - Why Try
  - NCTI Curricula
  - Personal Power
- Mental Health Education
  - Real Colors
  - Drug and Alcohol Education
  - Bullying/Cyberbullying
  - Parent Education Sessions
    - Avoiding Arguments and Power Struggles with Kids
    - Holiday Blues
    - Conflict Resolution

### Target Population

- "At Risk" of developing Mental Health symptoms
- Youth Experiencing Juvenile Justice Involvement
- Trauma Exposed Individuals
- Children and Youth in Stressed Families
- Children & Youth at Risk of Failure
- Homeless individuals & families
- Victims of Domestic Violence

## Additional Programs

- |   |   |
|---|---|
| <p><b>The Stage Project</b></p> <ul style="list-style-type: none"> <li>• Mentoring Program based on matching mentors and mentees who share a passion for a particular art:</li> <li>• Music (writing, singing, playing instruments, poetry/spoken word, recording)</li> <li>• Visual arts (drawing, painting photography, sculpture)</li> </ul> | <p><b>Parent Support Groups</b></p> <ul style="list-style-type: none"> <li>• At the end of Parent Education presentations parents are offered the opportunity to form peer led PSG's. We facilitate the first few meetings and leave laminated instructions and guidelines for peer-led groups.</li> <li>• We lead weekly groups at SADVC in Davis &amp; Wayfarer's Homeless Shelter in Woodland</li> </ul> |
|---|---|

## Contact information

- Contact David Hafter, MFT ([dhafter@victor.org](mailto:dhafter@victor.org)) for more specific information on services provided.
- Contact Office Manager LaRena Romero at 530-601-5600 ([lromero@victor.org](mailto:lromero@victor.org)) to schedule an event or for additional information.

# **MCAH Director's Report**

May 14, 2014

**General updates:** Staff: Sonya Rinkus, Sr PHN retired in April; Catherine Cribben, PHN starting in Foster Care on Monday. CCS added on a new Eligibility Specialist position: Chong Lee. HHS integration update: monthly meetings continue for executive leadership from all three departments. Have formed workgroups for each of the target population groups identified plus administration- also meeting monthly. Staff and advisory board surveys being drafted. Other County level changes: Environmental Health joining Planning and Public Works as of July 1. Probation and DESS staff moved into Bauer Building. Probation will be meeting with juveniles in rooms just off the Health lobby.

## **AFLP (Adolescent Family Life Program)**

Caseload 21, 2 on waiting list

## **FIMR/SIDS**

Case review team now on summer break. Staff preparing FIMR 5 year report – should be ready by September. Perinatal Mental Health Collaborative has formed as a result of FIMR case findings.

## **Healthy Yolo**

Wrapping up Community Health Assessment phase. Moving into Identification of issues and actions. Continue to have opportunities for partner agency involvement.

## **Immunization program**

Beginning back-to-school and flu season planning. Have Tdap vaccine available for all household contacts of infants. Pertussis cases are on the rise regionally.

## **Injury Prevention**

New young adult coalition formed in collaboration with UCD to address distracted driving. Continuing to work with WJUSD on bike to school promotion. Bike event planned for Tafoya Elem. May 21<sup>st</sup>.

## **Nurse Home visiting**

Active caseload 48, 5 on waiting list, 2 pending assignment. Referrals are mainly from NICUs, peds and FQHC perinatal programs.

## **Nutrition Programs**

WIC program continuing to work on building caseload. NEOP working on integrated work plan for 2015. Community Garden has new intern plot sign-ups and classes are available.

## **Tobacco Control/Prevention**

Young adult group (UCD collaboration) just forming to focus on tobacco/e-cigs. Tobacco Program Coordinator working with ADMH staff on development of cessation services for ADMH consumers.