

Yolo County Department of Health Services

ALCOHOL, DRUG AND MENTAL HEALTH

Local Mental Health Board

Mental Health Director/Alcohol & Drug Administrator's Report

August 25, 2014

Suicide Prevention

The recent tragic and highly publicized death of Robin Williams is drawing attention to suicide across the country, including here in Yolo County. This tragedy affords us the opportunity to promote suicide prevention in the context of substance use disorders, mental illness and public health.

- It's a tragedy whenever people take their own lives, but when someone as well-known as Robin Williams dies by suicide, it seems much worse. Although a celebrity's death by suicide matters no more than anyone else's, our concern is heightened because of how it may affect people living with mental illness or at risk of suicide. Mr. Williams was in the demographic that makes up the greatest proportion of suicide deaths in California: older white men. Suicide prevention experts note that in the weeks following the death of famous people, suicides will spike between 2 and 12 percent.
- Suicide prevention information (in Spanish and English) can be found in the reception areas of all three mental health centers and in staff break rooms. Look for the posters, flyers and brochures from Know the Signs; Each Mind Matters; Older Adult Friendship Line; Mental Health First Aid USA; as well as local and national toll-free 24/7 suicide prevention lifelines.
- Education and training programs, for ourselves and our community members, are critical to our suicide prevention efforts. Yolo County Mental Health Services Act Prevention and Early Intervention offers training opportunities on an ongoing basis. These trainings are free of charge and open to anyone lives, works, volunteers or attends school in Yolo County (attach training schedule).

Officer Involved Shooting/Crisis Intervention Training (CIT)

While we don't want to discuss the details of the officer involved shooting in Woodland on 8/18, it has been widely publicized that this individual was struggling with mental health issues. These situations are always tragic and our thoughts go out to his family. We were subsequently informed that the officers involved in this incident had been trained in CIT (see attached). The next two CIT trainings will be offered on two consecutive days within two consecutive weeks based on feedback from officers that missing four days in a row was a barrier to attending.

Assisted Outpatient Treatment (AOT)/Laura's Law

Effective July 1st, this program became an ongoing project of the department, as opposed to a pilot project, and slots were increased from 4 to 5. Almost immediately we received several referrals and all slots are full. We have received a lot of media requests as well as requests from other counties wanting to implement the program.

Community Based Crisis Response (CBCR) and companion Grants

On August 5th, Tom Waltz and Nicki King joined me at the Board of Supervisors meeting in support of our Community Based Crisis Response Program and contract with Turning Point. Bob Schelen provided a letter of support and the Board voted unanimously to approve the contract. Turning Point is actively recruiting and we hope to have at least one team on the ground by October 1st (see attached presentation and timeline). Additionally, the requisition for the vans and modifications has been submitted.

ADMH Service Entry/Orientation

Effective July 1st, our department initiated a complete re-design of our "front door," our process for entering services. Prior to July of this year, our department offered Orientation two times per week in Woodland and it was taking over two months for individuals to get an intake assessment, which is the next step in the process.

We are now offering orientation daily in Woodland and will soon be offering one day per week in West Sacramento. We have initiated a triage or screening process at orientation that has allowed us to determine that day whether or not individuals meet medical necessity or should be referred elsewhere. We also updated the

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Orientation presentation so it truly educates clients as to what services our department provides and expectations around treatment and timelines (see attached orientation PowerPoint).

The results thus far have been pretty amazing. We have seen 56% of the individuals presenting for orientation more appropriately served elsewhere in the community, either through a local provider of housing or substance use disorder services, or through their primary care provider or other community based organization better suited to serve people struggling with mild to moderate mental health issues.

This has meant that the most Seriously Mentally Ill, our department's target population, have streamlined entry to care. We are now able to schedule these clients for an assessment within a week of their orientation as opposed to two months. We also have daily post hospitalization appointments with a psychiatrist to provide seamless transition from hospitalization back into the community. This means less likelihood of hospitalization and further destabilization and improved satisfaction and client outcomes.

Requests for Proposals (RFPs) / Contracts

Over the past 6 weeks our department released two separate RFPs. One of these was for Mental Health and Substance Use Disorder services for CalWorks participants and was awarded to CommuniCare Health Centers. The other RFP was for Substance Use Disorder services for incarcerated individuals at the jail and juvenile detention facility. This contract was awarded to Phoenix House.

Jail Medical

The Department holds the contract for jail medical services, including mental health services, provided by California Forensic Medical Group (CFMG). We are reviewing all services currently and will be making recommendations for improvements.

Department Strategic Plan

The Management Team was able to complete the GANTT chart for the strategic plan (see attached). We are making good headway on several of the initiatives.

Personnel/Recruitment

We have posted all new 14/15 positions previously discussed with LMHB. We have completed interviews for the Adult System of Care Manager and hope to be hiring someone shortly. We are requesting additional positions at the September 23rd Board of Supervisors meeting. These positions include the Clinic Manager (to be funded by SAMHSA block grant), Mental Health Specialist-Homeless outreach (funded by IGT), Mental Health Specialist – Substance Use Disorder Treatment (funded by IGT), as well as two additional Office Support Specialists to support QI and MHSA.

Homelessness

On July 28th through 31st a Yolo County contingent comprised of myself, Supervisor Villegas, Supervisor Rexroad, Joan Planell, Lisa Baker and other county staff attended the National Alliance on Ending Homelessness conference in Washington DC. We were able to learn national best practices and innovative approaches to ending homelessness. The conference was inspiring and we even got to hear the First Lady speak. We continue to have local strategy sessions as well as meetings with local residents (see attached homeless services sheet).

Upcoming Dates

- September 3rd – Jail Construction Meeting
- September 9th – Suicide Prevention Week County Board of Supervisors Resolution
- September 10th – Mental Health Community Forum (see attached flyer)
- September 23rd – Board of Supervisors Mental Health Workshop & Homelessness Workshop

Mental Health Services Act Prevention and Early Intervention Community Education Schedule

SafeTALK

Friday, September 19th, 2014

8:30am to 12:30pm

137 N. Cottonwood Street Woodland, CA 95695 (Bauer Building)

Or, another date:

Friday, October 17th, 2014

8:30am to 12:30pm

500-A Jefferson Blvd., West Sacramento, CA 95691 (DESS Community Room)

Mental Health First Aid (Youth)

Monday & Tuesday September 15th & 16th, 2014

8:30am to 12:30pm each day (must attend both days)

25 N. Cottonwood Street Woodland, CA 95695 (DESS Community Room)

Mental Health First Aid (Adult)

Tuesday and Wednesday October 28th & 29th, 2014

8:00am to 12:00pm each day (must attend both days)

500 'A' Jefferson Blvd., West Sacramento CA 95691 (DESS Community Room)

Training descriptions:

SafeTALK: This 4-hour training helps prepare community members to identify persons with thoughts of suicide and connect them to suicide first aid resources. The class is open to anyone fifteen (15) years of age, or older.

What you will learn:

- To move beyond common tendencies to miss, dismiss or avoid suicide.
- Identify people who have thoughts of suicide.
- Apply the *TALK* steps (*Tell, Ask, Listen, and Keep safe*) to connect a person with thoughts of suicide to suicide safe first aid intervention caregivers.

Youth Mental Health First Aid: This is an 8-hour public education program which introduces participants to the unique risk factors and warning signs of mental health problems in adolescents. This course is open to anyone age eighteen (18) or older who regularly works or interacts with youth.

What you will learn:

- Identify risk factors and warning signs of a variety of mental health challenges common among adolescents, including anxiety, depression, psychosis, eating disorders, AD/HD, disruptive behavior disorders, and substance use disorder.
- Practice a core five-step action plan to support an adolescent who is developing signs and symptoms of mental illness or who manifests an emotional crisis.
- Participate in role-playing and simulations to demonstrate how to identify a mental health crisis; select interventions and provide initial help; and connect young people to professional, peer, social, and self-help care.

Mental Health First Aid for Adults: This interactive 8-hour course is basic in design to help inform the general public about mental health concerns and offer ways to support others in our community, while helping to reduce stigma surrounding mental illness. This course is open to anyone age eighteen (18) or older.

What you will learn:

- Become familiar with the potential warning signs and risk factors for depression, anxiety, trauma, psychotic disorders, eating disorders and substance use disorders.
- Review prevalence of mental illness in the U.S. and its emotional and economic toll.
- Practice a 5-step action plan to help an individual in crisis connect to professional care and other support strategies.
- Identify resources in our community available to help someone with a mental health concern.

**To register for any of these classes please send an email to admh-firstaid@yolocounty.org
or call Justin Hall, (530) 666-8712**

All programs are provided by Yolo County Department of Health Services and supported by Mental Health Services Act (MHSA).

PREVENTION & EARLY INTERVENTION SUMMARY PROGRAM DATA
 CRISIS INTERVENTION TEAM (CIT) TRAINING
 DISABILITY RESPONSE, INC./MICHAEL SUMMERS

		Fiscal Year 11-12 (7/1/11–6/30/12)	Fiscal Year 12-13 (7/1/12–6/30/13)	Fiscal Year 13-14 (7/1/13–6/30/14)
LAW ENFORCEMENT/FIRST RESPONDERS TRAINED		38	89	79
LE Officers/First Responders Trained By Age				
	25 to 59	37	86	78
	60+	1	1	1
	Declined to State	0	2	0
LE Officers/First Responders Trained By Gender				
	Males	22	64	61
	Females	16	25	18
LE Officers/First Responders Trained By Ethnicity				
	African American	1	9	5
	Latino	9	14	12
	Native American	0	0	1
	Caucasian	25	60	55
	Asian	0	3	1
	Pacific Islander	3	1	4
	Other	0	2	1
LE Officers/First Resp. Trained By Primary Language				
	English Only	✓	✓	70
	Bilingual: English/Spanish	✓	✓	7
	Bilingual: English/Russian	✓	✓	1
LE Officers/First Responders Trained By Agency				
	Davis Police Department	2	5	14
	West Sacramento Police Department	3	9	2
	Winters Police Department	1	2	2
	Woodland Police Department	6	5	1
	Yolo County Probation Department	0	10	3
	Yolo County Sheriffs Department	2	0	1
	U. C. Davis Police Department	0	0	1
	California Highway Patrol (local office)	2	3	1
	Out of County Law Enforcement Participants	Detail not available	36	29
	Other First Responders (EMTs, Regional Transit, Hospital Security, Tribal Security, etc.)	22	19	25



YOLO COUNTY

Community Based Crisis Response Program

Karen Larsen, MFT, Mental Health Director/Alcohol & Drug Administrator
Department of Health Services

Al Rowlett, Chief Operating Officer
Turning Point Community Programs

SB82

Community Based Crisis Response

Stakeholder Engagement

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- MHSAs Community Planning Process
 - ▣ Needs Assessment completed during inclusive Community Program Planning (CPP) Process.
 - ▣ SB82 Program Design addresses identified needs and ideas from a diversity of stakeholders throughout the mental health system.
- Partnership with Law Enforcement Agencies (LEA)
 - ▣ Existing collaboration through MHSAs-funded Crisis Intervention Team (CIT) Training
 - ▣ Law enforcement participation throughout CPP Process
 - ▣ LEAs support of this program



Program Goals

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- Expand the number of mental health personnel available to provide crisis support services.
- Ensure the availability of crisis support services throughout the community.
- Provide recovery-focused and cost effective crisis services in the least restrictive setting.



SB82 Program Design

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- 4 Mobile Crisis Response Teams (Clinician/Peer Counselor)
 - West Sacramento
 - Woodland
 - Davis
 - Winters/Rural
- Clinician co-located at LEAs to provide joint response with law enforcement
- Peer Counselor to provide follow-up crisis support



Hours of Operation

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- Mobile Crisis Response
 - ▣ Monday, Tuesday, Wednesday, Friday, Saturday
3:30pm- 12:00am
 - ▣ Hours selected based on analysis of LEA crisis call data
- Telephone Crisis Response
 - ▣ On-call Thursday and Sunday
- Peer Counseling
 - ▣ Monday- Friday 8:00am- 5:00pm



Population to be Served

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- Target Population
 - ▣ Any Yolo County resident who comes into contact with law enforcement during a psychiatric crisis.
- Expected Numbers to be Served
 - ▣ 2,250 individuals annually (duplicated).



SB82 Program Services

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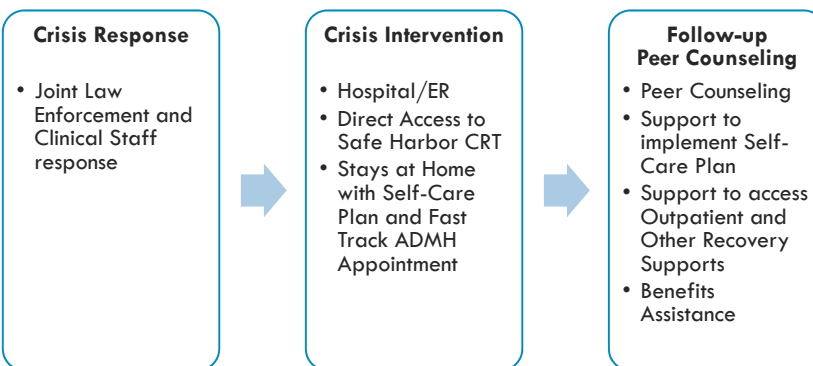
- Clinical Response with Law Enforcement
 - ▣ Crisis intervention and safety/self-care planning
 - ▣ Direct access to services (Hospital, CRT, “Fast-track” Outpatient Appointment)

- Follow-up Peer Counseling
 - ▣ Follow-up outreach and engagement (regardless of crisis disposition)
 - ▣ Short-term case management, systems navigation, and linkages to recovery supports
 - ▣ Self-care planning



Planned Crisis System

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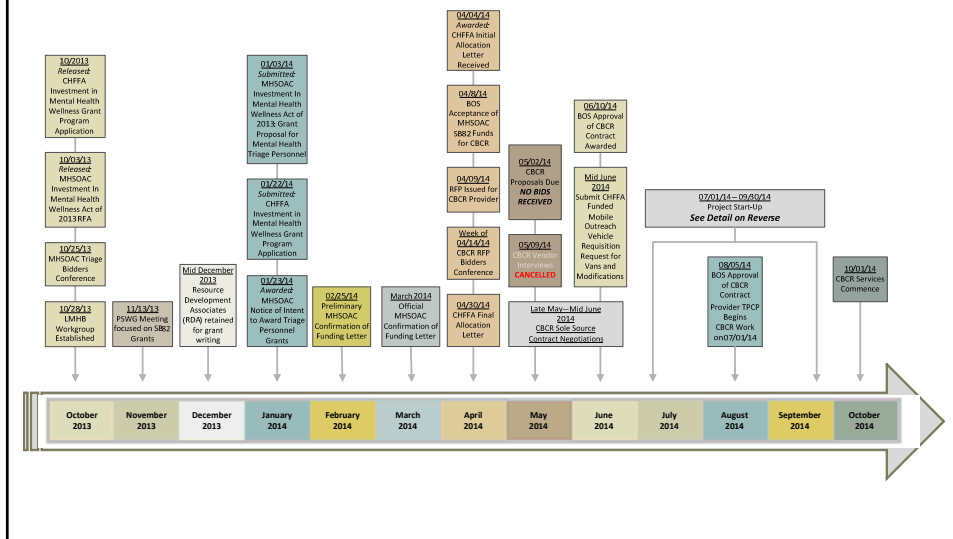
Program Evaluation Indicators

9

Outcome	Indicator
Decreased utilization of ER, hospital, and jails following crisis event.	<ul style="list-style-type: none"> # of persons who go to ER # of persons who are hospitalized # of persons who go to jail
Increased use of alternatives to hospitalization .	<ul style="list-style-type: none"> # of persons who remain at home # of persons who go to Safe Harbor CRT
Increased participation in post-crisis services.	<ul style="list-style-type: none"> Length of time between crisis and ADMH service # of people in crisis who do and or do not access additional services
Reduction in frequent or repetitive use of ER, hospital, and jail services.	<ul style="list-style-type: none"> # of individuals with repeat crisis events Average length of time between ER, hospital, and jail services
Decreased per-person costs of service.	<ul style="list-style-type: none"> Per person cost of service, planned and unplanned

Timeline of Events

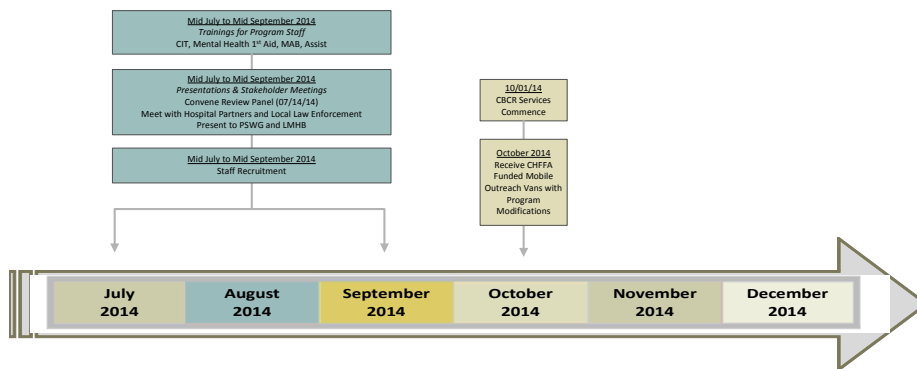
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Timeline of Events

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Yolo County and Turning Point Community Programs Tentative Schedule: CBCR Project Start-Up



QUESTIONS & COMMENTS

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 (530) 666-8516

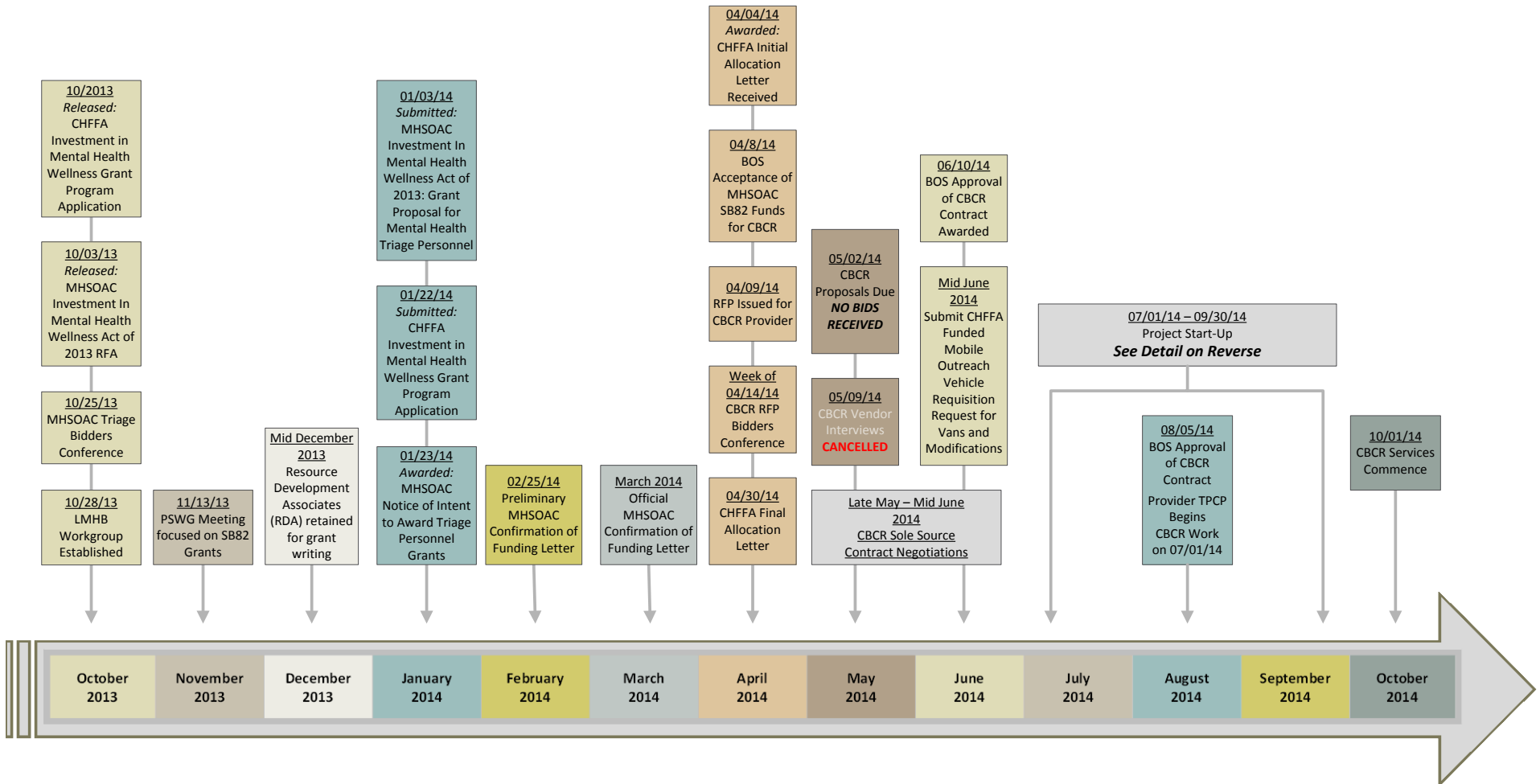
Al Rowlett
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SB82

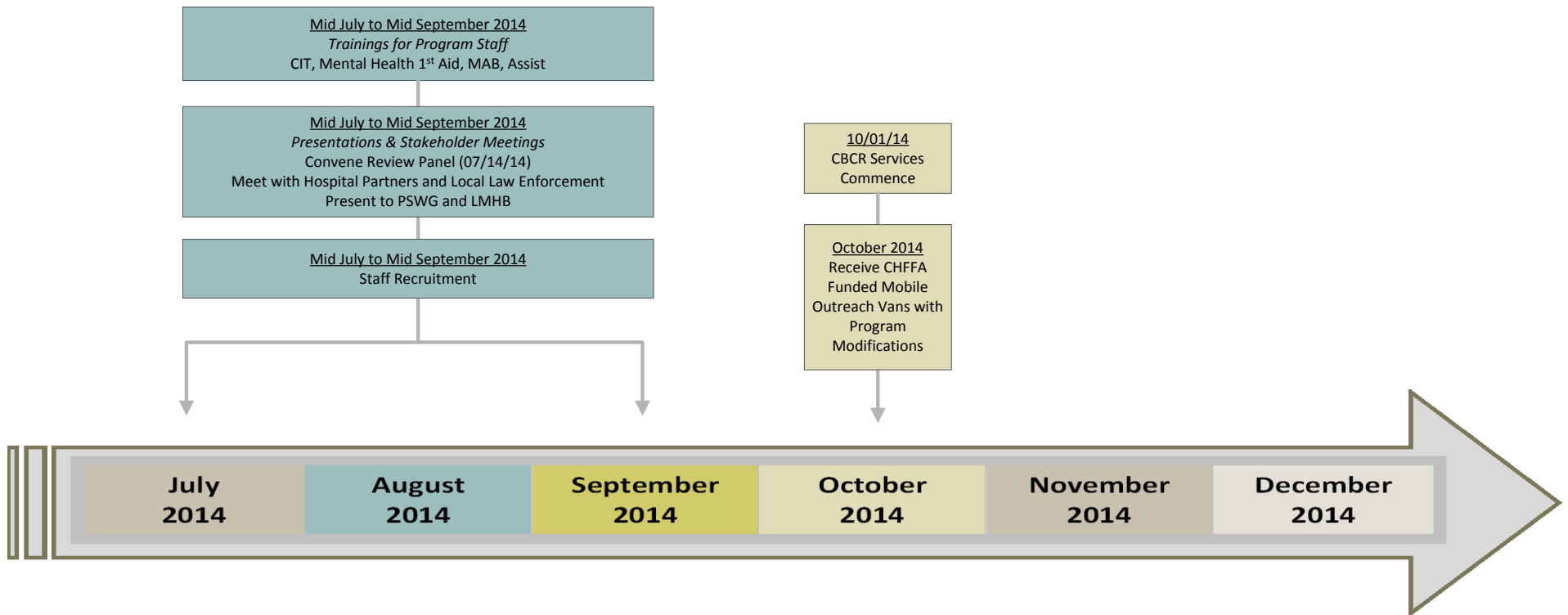
Community Based Crisis Response

Yolo County Department of Health Services

SENATE BILL 82 TIMELINE OF EVENTS



YOLO COUNTY AND TURNING POINT COMMUNITY PROGRAMS TENTATIVE SCHEDULE: CBCR PROJECT START-UP



Yolo County

Department of Health Services Alcohol, Drug, and Mental Health Division

Client Orientation – WELCOME!



Our Mission...

Mission Statement:

To provide high quality, culturally competent services and supports that enhance recovery from substance use disorders, serious mental illness, and serious emotional disturbance.

Vision:

To promote the overall well-being, recovery and health of individuals and families in our community.



Core Values...

We value a culture of quality in which we:

- Emphasize recovery & wellness, with the goal of maintaining the people we serve in the least restrictive environment;
- Utilize strength-based approaches that promote hope and recovery;
- Encourage community inclusion, partnership and collaboration;
- Provide services that are holistic and person and family directed;
- Develop a well-trained, diverse and culturally competent workforce including consumers and family members;
- Incorporate trauma informed services into our continuum of care;
- Are trusted to provide partnership and transparency with contractors, families and our community;
- Provide services that are evidence based and innovative, responsive and proactive; and
- Make fiscally responsible and accountable decisions.



Who We Serve...

We serve individuals struggling with and symptoms associated with serious mental illness such as:

- Schizophrenia
- Paranoid and other psychotic disorders
- Bipolar disorders
- Major Depressive Disorders
- Schizoaffective disorders
- Panic Disorders
- Severe Post Traumatic Stress Disorders



Our Services...

Each case is unique. The following staff and services may be available if appropriate for your needs.

STAFF

- Psychiatrists (medication monitoring and adjustments)
- Nurses (injections, vitals, and health monitoring)
- Clinicians (assessments crisis intervention, therapy)
- Specialists (case management services)

SERVICES

- Full Service Partnership
- Housing Assistance for Eligible Clients
- Group Therapy
- Wellness Center Activities



Outside Services...

Individuals struggling with mild to moderate mental health conditions and those with substance use disorders will be referred to outside providers for treatment.

Common mild to moderate mental health conditions referred to outside providers:

- Dysthymia / Depression
- Generalized Anxiety Disorder
- Post Traumatic Stress Disorder
- General Counseling Services

Common substance use disorder services referred to outside providers:

- Outpatient Treatment
- Intensive Day Treatment
- Residential Treatment




Important Things to Know....

- Consent for Treatment
- Notice of Privacy Practices
- Release of Information (ROI)
- Advance Directive
- Medical History
- Not Everyone will Receive Services



The Steps in the Process...

- Check-in and Complete Initial Paperwork
- Clinical Screening
- Client Orientation & Additional Paperwork 
- Financial Screening / Eligibility Assistance
- Schedule and Receive Assessment Appointment
- Schedule Future Appointments or Referral to Outside Providers, if Applicable



We are here to serve you.

- If at any point during your treatment you feel dissatisfied with the care or services you receive, we want to know.
- Please let us know how we can improve - talk to one of our staff, email us, fill out a grievance request form, or complete a change of provider request form.



FY 2014-2015 Strategic Plan

MISSION STATEMENT

To provide high quality, culturally competent services and supports that enhance recovery from substance use disorders, serious mental illness, and serious emotional disturbance.

VISION

To promote the overall wellbeing, recovery and health of individuals and families in our community.

CORE VALUES

We value a culture of quality in which we:

- Emphasize recovery & wellness, with the goal of maintaining the people we serve in the least restrictive environment;
- Utilize strength-based approaches that promote hope and recovery;
- Encourage community inclusion, partnership and collaboration;
- Provide services that are holistic and person and family directed;
- Develop a well-trained, diverse and culturally competent workforce including consumers and family members;
- Incorporate trauma informed services into our continuum of care;
- Are trusted to provide partnership and transparency with contractors ,families and our community;
- Provide services that are evidence based and innovative, responsive and proactive; and
- Make fiscally responsible and accountable decisions.

DEPARTMENT GOALS AND KEY INITIATIVES FOR 2014-15

GOAL 1: TO PARTNER WITH THE PEOPLE WE SERVE TO IMPROVE SATISFACTION, ENGAGEMENT AND HEALTH OUTCOMES.

Objective: Improve consumer satisfaction scores by 10% as evidenced by (POQI) Consumer Perception Survey

Key Initiatives for 2014-15:

- Ensure that all integration efforts maintain the people we mutually serve at the center of any integration activities.
- Improved access to care.
- Increase consumer voice.
- Increase support through transitions (Jail, Juvenile Detention Facility(JDF), Emergency Room, Hospitalization.)

GOAL 2: TO PARTNER WITH EMPLOYEES TO IMPROVE SATISFACTION, RETENTION AND SERVICES.

Objective: Improve employee satisfaction scores by 10% as evidenced by annual employee perception surveys.

Key Initiatives for 2014-15:

- Ensure open communication with management team and line staff throughout the integration planning and implementation process.
- Establish clear benchmarks for performance and complete performance reviews on time.
- Management Team/Executive Management to Increase transparency and improve lines of communication.
- Develop annual calendar of professional development opportunities and tailor opportunities to position and individual staff.
- Increased strategies for supporting professional development.
- Develop a Staff Retention/Recruitment plan in collaboration with management team that identifies career pathways within the county and ways for mitigating primary reasons for employees leaving the department.
- Ensure department representation on integrated Health/ADMH Employee Recognition Team – C.A.R.E. Team.
- Develop annual calendar of staff morale events and/or team building activities.

GOAL 3: TO PARTNER WITH CONTRACT PROVIDERS AND COMMUNITY TO INCREASE TRUST AND IMPROVE THE CARE OF CONSUMERS.

Objective: All contracts to be finalized prior to July 1st, 2014 and all claims to be paid within 45 days of receipt. Demonstrate improvement in community and contractor satisfaction with ADMH services and communication as evidenced by a community stakeholder survey.

Key Initiatives for 2014-15:

- Ensure open communication with contract providers throughout the integration planning and implementation process.
- Execute all contracts on time and pay all claims in a timely manner.
- Develop an annual schedule of trainings available at no charge to community partners and contract providers.
- Build outcome measures and evidence based programming into all contacts for substance use disorder and mental health treatment.
- Provide excellent customer service to our community based partners via provision of technical assistance and proactive communication surrounding claims, contracts, and quality improvement initiatives.
- Improve reputation and relationships with community partners that intersect with ADMH (University, Jail, Juvenile Detention Facility, Hospitals) by increasing transparency, collaboration, and communication.
- Develop a fiscal year 2014/2015 work plan in partnership with the Provider Stakeholder Work Group meetings.

GOAL 4: TO PARTNER WITH THE PEOPLE WE SERVE, CONTRACT PROVIDERS AND THE COMMUNITY TO IMPROVE THE QUALITY OF MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES PROVIDED THROUGHOUT YOLO COUNTY.

Objective: Distribution of an annual Report Card highlighting quality improvement activities, evidence based practices, and improved outcomes related to services provided by ADMH staff and contract providers.

Key Initiatives for 2014-15:

- Ensure that all integration efforts include a focus on improving the quality of care across the integrated department.
- Treatment to include health related goals tied to chronic conditions (diabetes, COPD, hypertension, obesity, hepatitis) and unhealthy behaviors (smoking cessation/reduction, drug/alcohol use, eating habits, exercise.)
- Assume a leadership role in the county and develop a trauma informed system through the oversight of TFCBT implementation and assistance of county-wide collaborative efforts.
- Improve access to care and utilization rates for the Hispanic population through increased emphasis on hiring Spanish speaking staff, collaborating with contract providers who have higher penetration rates proportionally, and outreach activities aimed at reaching the Hispanic population.
- Improve timeliness and accuracy of paperwork (progress notes, assessments, re-assessments, client plans) as evidenced by chart reviews and decreased audit findings.
- Include evidence based practices and outcome measures in all contracts for mental health and substance use disorder treatment.
- Establish additional evidence based or promising practices within ADMH and quantify outcome measures.

GOAL 5: TO PARTNER WITH COUNTY LEADERS AND CONTRACT PROVIDERS TO ENSURE FINANCIAL SUSTAINABILITY WHILE MAINTAINING HIGH QUALITY, EFFICIENT SERVICES

Objective: Optimize cost per client served by utilizing all funding opportunities and resources to provide services efficiently.

Key Initiatives for 2014-15:

- Begin integration of contract and fiscal operations between departments as integration proceeds.
- Partner with service providers to expand funding opportunities and leverage funds.
- Improve the contracting process to make it timely and efficient – meeting the needs of the department and providers.
- Ensure prompt payment for services rendered.
- Improve communication and messaging internally and with community partners and providers.
- Increase the number of clients served by reducing obstacles to access care.
- Increase client encounters by minimizing no shows and cancellations.
- Improve timely access to the appropriate level of care in the least restrictive setting.
- Increase service delivery efficiency by minimizing administrative burdens.
- Utilize time study as a means to identify areas of focus and determine actual cost.
- Quantify costs for services and use the data as a guide for continuous improvement.
- Decrease audit exceptions within ADMH and at the contract provider level.

Schedule of Key Initiatives for 2014-15

GOAL #1 TO PARTNER WITH THE PEOPLE WE SERVE TO IMPROVE SATISFACTION, ENGAGEMENT AND HEALTH OUTCOMES.												
Objective: Improve consumer satisfaction scores by 10% as evidenced by (POQI) Consumer Perception Survey												
Ensure that all integration efforts maintain the people we mutually serve at the center of any integration activities.												
	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
Improved access to care by:												
• Streamlining entry to care;	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
• Increasing psychiatry hours;	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
• Clinician productivity;	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
• Scheduling practices;	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
• Mobile outreach / Tele-psychiatry;	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
• Standardized assessment tool across providers;	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
• Increasing productivity / operational efficiency across all service sectors;	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
• Clinic manager (CM)	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
• Triage personnel; SB82	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
• Full clinics and services at all three locations;	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
• Expansion of access to nursing care;	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
• Memorandum of Understanding (MOUs) with primary care providers.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
Increase consumer voice by:												
• Implementation of Wellness Recovery Action Plans (WRAP);(Joan)	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
• Ensuring representation on committees, panels, and boards;(Rudy/Joan)	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
• Including consumers on proposal reviews and vendor selection;(Karen)	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
• Brief exit survey, point of service satisfaction survey; and (Rudy, Joan)	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
• Increase consumer/ family partner employment opportunities;(Joan)	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
Increase support transition (Jail, Juvenile Detention Facility(JDF), Emergency Room, Hospitalization) through:												
• The continuance of Crisis Intervention Training (CIT) with law enforcement and first responders;(Joan)	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
• Implementation of Community Based Crisis Response Teams (CBCR);(Karen)	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
• Intergovernmental Transfer (IGT) Funded Programs and Positions;(Karen)	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
• Mental Health Court;(ASOC manager)	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
• Inmate Discharge Medication Program;(Arturo)	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
• Laura's Law / Assisted Outpatient Treatment (AOT);(Karen)	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
• Refined hospital discharge planning process;(Arturo)	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
• GAP - Related to Homelessness Transitions; and (Karen)	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
• Increased Urgent Access Clinics (Arturo)	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.

Key Initiatives for 2014-15

In Process
Past Due
Complete
 Milestone = ☑ Meeting = 🗓 Deliverable = 💎

GOAL #2	TO PARTNER WITH EMPLOYEES TO IMPROVE SATISFACTION, RETENTION AND SERVICES.												
	<i>Objective: Improve employee satisfaction scores by 10% as evidenced by annual employee perception surveys.</i>												
Key Initiatives for 2014-15	Ensure open communication with management team and line staff throughout the integration planning and implementation process.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
	Establish clear benchmarks for performance and complete performance reviews on time. (All)	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
	Management Team/Executive Management to Increase transparency and improve lines of communication:												
	• Executive management office hours;(Jill, Mark, Karen)	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
	• Policy and procedure development; and (All)	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
	• Sharing of agenda and minutes. (Jill)	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
	Develop annual calendar of professional development opportunities and tailor opportunities to position and individual staff including but not limited to:												
	• Mental Health First Aid; Safe Talk; ASIST	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
	• Crisis Intervention Training;	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
	• Law & Ethics;	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
	• Wellness Recovery Action Planning; and	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
	• Others as indicated and available.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
	Increased strategies for supporting professional development:												
	• Tuition Assistance;(Joan)	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
	• WET Dollars; and (Joan)	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
	• Loan Repayment Programs (Joan)	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
	Develop a Staff Retention/Recruitment plan in collaboration with management team that identifies career pathways within the county and ways for mitigating primary reasons for employees leaving the department.												
	• Review exit interview data for trends	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
Ensure department representation on integrated Health/ADMH Employee Recognition Team – C.A.R.E. Team.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.	
Develop annual calendar of staff morale events and/or team building activities.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.	

In Process

Past Due

Complete

Milestone = ☑

Meeting = 🗓

Deliverable = 💎

GOAL #3 Key Initiatives for 2014-15	TO PARTNER WITH CONTRACT PROVIDERS AND COMMUNITY TO INCREASE TRUST AND IMPROVE THE CARE OF CONSUMERS.												
	<i>Objective: All contracts to be finalized prior to July 1st, 2014 and all claims to be paid within 45 days of receipt. Demonstrate improvement in community and contractor satisfaction with ADMH services and communication as evidenced by a community stakeholder survey.</i>												
	Ensure open communication with contract providers throughout the integration planning and implementation process.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
	Execute all contracts on time and pay all claims in a timely manner.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
	Publicize scheduled trainings available at no charge to community partners and contract providers:												
	• Mental Health First Aid;	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
	• Crisis Intervention Training;	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
	• Law & Ethics; and	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
	• Wellness Recovery Action Planning.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
	Build outcome measures and evidence based programming into all contracts for substance use disorders and mental health treatment.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
Provide excellent customer service to our community based partners via provision of technical assistance and proactive communication surrounding claims, contracts, and quality improvement initiatives.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.	
Improve reputation and relationships with community partners that intersect with ADMH (University, Jail, Juvenile Detention Facility, Hospitals) by increasing transparency, collaboration, and communication.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.	
Develop a fiscal year 2014/2015 work plan in partnership with the Provider Stakeholder Work Group meetings.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.	

In Process
Past Due
Complete
 Milestone =
 Meeting =
 Deliverable =

GOAL #4	TO PARTNER WITH THE PEOPLE WE SERVE, CONTRACT PROVIDERS AND THE COMMUNITY TO IMPROVE THE QUALITY OF MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES PROVIDED THROUGHOUT YOLO COUNTY.												
	<i>Objective: Distribution of an annual Report Card highlighting quality improvement activities, evidence based practices, and improved outcomes related to services provided by ADMH staff and contract providers.</i>												
Key Initiatives for 2014-15	Ensure that all integration efforts include a focus on improving the quality of care across the integrated department.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
	Treatment to include health related goals tied to chronic conditions (diabetes, COPD, hypertension, obesity, hepatitis) and encourage healthy behaviors (smoking cessation/reduction, reduction of drug/alcohol use, improve eating habits, increase exercise.)	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
	Assume a leadership role in the county and develop a trauma-informed system through the oversight of TF-CBT implementation and assistance of county-wide collaborative efforts.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
	Improve access to care and utilization rates for the Hispanic population through increased emphasis on hiring Spanish speaking staff, collaborating with contract providers who have higher penetration rates proportionally, and outreach activities aimed at reaching the Hispanic population.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
	Improve timeliness and accuracy of paperwork (progress notes, assessments, re-assessments, NOS diagnoses deadlines, client plans) as evidenced by chart reviews and decreased audit findings.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
	Include evidence based practices and outcome measures in all contracts for mental health and substance use disorder treatment	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
	Establish additional evidence based or promising practices within ADMH and quantify outcome measures.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.

In Process
Past Due
Complete
 Milestone =
 Meeting =
 Deliverable =

GOAL #5	TO PARTNER WITH COUNTY LEADERS AND CONTRACT PROVIDERS TO ENSURE FINANCIAL SUSTAINABILITY WHILE MAINTAINING HIGH QUALITY, EFFICIENT SERVICES												
	<i>Objective: Optimize cost per client served by utilizing all funding opportunities and resources to provide services efficiently.</i>												
Key Initiatives for 2014-15	Begin integration of contract and fiscal operations between departments as integration proceeds.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
	Explore funding opportunities and maximize leveraging of funds.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
	Improve the contracting process to make it timely and efficient – meeting the needs of the department and providers.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
	Ensure prompt payment for services rendered.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
	Improve communication and messaging internally and with community partners and providers.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
	Increase the number of clients served by reducing obstacles to access care.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
	Increase client encounters by minimizing no shows and cancellations.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
	Increase service delivery efficiency by minimizing administrative burdens.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
	Improve timely access to the appropriate level of care in the least restrictive setting.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
	Utilize time study as a means to identify areas of focus and determine actual cost.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
	Quantify costs for services and use the data as a guide for continuous improvement (including use of time-study data).	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
	Develop and implement monthly program-level financial reports (including use of time-study data).	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
Decrease audit exceptions within ADMH and at the contract provider level.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.	

In Process
Past Due
Complete
 Milestone =
 Meeting =
 Deliverable =

Services Available for Homeless Residents

Existing Services:

Residential Substance Abuse Treatment Services are provided for indigent populations in Yolo County by Cache Creek Lodge and Walter's House and include nonresidential aftercare services, short-term (>30 days) and long-term(<30 days) residential recovery services, and transitional housing services. Nonresidential aftercare includes structured services offered to individuals who have completed treatment to ensure successful recovery. Residential recovery services offer non-acute care including recovery or treatment services for alcohol and other drug use and dependency. Services are provided by program-designated personnel and include personal recovery / treatment planning, educational sessions, social / recreational activities, individual and group sessions, and information about, and may include assistance in obtaining, health, social, vocational, and other community services. Transitional living center facilities are designed to help persons maintain an alcohol- and-drug free lifestyle and "transition" back into the community. Although attendance is mandatory and supervised, services may not be onsite and not necessarily supervised 24 hours per day, within an alcohol- and drug-free environment.

Cache Creek Lodge • www.cachecreeklodge.com • (530) 662-5727 • 435 Aspen St., Woodland, CA 95695

Greater Access Program (GAP) services are provided by Yolo Community Care Continuum. These address the needs of the unserved and underserved populations in Yolo County: those individuals who are homeless or at risk of becoming homeless. Such services include conducting mental health needs assessments and medication management, assisting individuals in applying for public benefits, providing links and referrals to crisis mental health treatment and substance abuse treatment, and assisting individuals in obtaining safe and stable housing.

Yolo Community Care Continuum • y3c.org • (530) 758-2160 • 168 College St., Woodland, 95695

Community Outreach and Rural Engagement (CORE) program provided by CommuniCare Health Centers, Inc. combines with an Integrated Behavioral Health outreach team to provide increased access to primary care mental health and substance abuse treatment services for a minimum of three hundred and sixty (360) Latino/Hispanic residents of Yolo County. By utilizing English and Spanish speaking staff and volunteers the program increases the number of Latino/Hispanic Yolo County residents receiving entitlement supports (Covered California [Covered CA], Medi-Cal, Social Security Insurance [SSI], Cash Assistance Program for Immigrants [CAPI]) and improved mental health outcomes for Latino/Hispanic patients participating in Integrated Behavioral Health Services by reducing the stigma and behavioral health underutilization in Latino/Hispanic communities with the creation of CCHC Latino advisory panel and by improving patient satisfaction.

CommuniCare Health Centers, Inc. • www.communicarehc.org • (530) 666-8960 • 8 N Cottonwood St., Woodland, 95695

Davis Community Meals at Cesar Chavez Plaza in Davis provides support services for Seriously Mentally Ill (SMI) Adults of Yolo County in order to reduce the risk of homelessness and maintain housing in the community. In addition, identified low income SMI residents of the Cesar Chavez apartment complex are provided additional support services to assist them in maintaining independent living and housing in the community.

Davis Community Meals • (530) 753-9204 • 1111 H St., Davis, 95616

The *Housing NOW Program (HNP)* provided by Yolo Community Care Continuum provides timely and comprehensive housing resource coordination and assistance to individuals in Yolo County with mental health illness. Specifically the program develops a coordinated, up-to-date housing inventory for Yolo County; improves access for mental health consumers to appropriate housing vacancies; increases retention of housing for persons with mental illness; provides housing advocacy assistance for clients; and provides clients with linkages to community resources and support services.

Yolo Community Care Continuum • y3c.org • (530) 758-2160 • 168 College St., Woodland, 95695

Community Based Crisis Response (CBCR) is a program run by Turning Point Community Programs and funded through the Senate Bill (SB) 82 Investment in Mental Health Wellness Act of 2013 grant awarded to Yolo County Alcohol, Drug and Mental health. The CBCR program was developed to provide crisis personnel, specifically clinicians working in tandem with law enforcement and support peer counselors, to Yolo County residents who come into contact with law enforcement during a psychiatric crisis. Clinicians accompany law enforcement from each of four (4) agencies (Woodland, Davis, West Sacramento, and Winters) in responding to mental health crises throughout the County. The goal of the CBCR is to provide trained clinical staff at the critical juncture during where law enforcement responds to a report of a mental health crisis in order to expand the range of options available beyond placement in hospitals or jails. These clinical staff may divert individuals from being taken to a hospital emergency room or jail and facilitate access to alternatives to hospitalization, such as a crisis residential treatment program. Clinical staff also assist in developing a self-care plan to help the individual in crisis identify steps toward recovery and toward avoiding future crises. Peer counseling staff provides follow-up support after a crisis event has passed to aid an individual's access to services that will prevent future crises and promote recovery and wellness. Though the CBCR program is not specifically tailored for individuals experiencing homelessness, the focus on individuals experiencing a mental health crisis often captures this population.

Turning Point Community Programs • www.tpcp.org • (916) 364-8395 • 3440 Viking Drive, Ste. 114 Sacramento, 95827

New/Expanded Services:

Case Manager (Mental Health Specialist) – A full time Case Manager will be hired and assigned to the high risk/high cost mentally ill population at local homeless shelters, specifically providing outreach in an attempt to support individuals struggling with mental health and/or substance use disorders and assist these individuals in accessing services, and reduce hospitalizations and incarcerations.

Yolo County Department of Health Services • (530) 666-8630 • 137 N. Cottonwood St., Ste. 1500 Woodland, 95695



August 12, 2014

Dear Community Mental Health Stakeholder,

CHAIRPERSON
Monica Wilson, PhD
EXECUTIVE OFFICER
Jane Adcock

The Mental Health Planning Council will be holding Community Forums in several sites around the state to engage stakeholders in a dialogue about local mental health issues and services. "We're Listening" to mental health consumers, family members, service providers, law enforcement, schools, community organizations and members of the public. To date, we have held successful Forums in Merced and in San Bernardino counties.

We are arranging with the Yolo County Department of Alcohol, Drug and Mental Health to hold another Community Forum on Wednesday, September 10, 2014. A flyer is enclosed with the event details. The Forum will be held in Woodland, and we have also invited Colusa and Sutter-Yuba Counties to participate.

- **Advocacy**
- **Evaluation**
- **Inclusion**

The Planning Council's purpose is to assess the local impact of recent legislative and budget changes which have affected mental health services. (For example, the Criminal Justice Realignment, the Mental Health Services Act, transition of Healthy Families Program to Medi-Cal, the transition of Special Education funding to school districts, the Affordable Care Act and expansion of Medi-Cal, and more) We intend to record the meeting and take written comments on cards so that people can provide anonymous input if they prefer that. Input from Community Forums will be compiled into a report to the State Legislature.

I hope this event sounds like something you would be interested in supporting, and if you have any questions please contact me at this email address or the phone number below.

Thank you for your time and attention, and I look forward to meeting you.

Laura Leonelli
Analyst, Continuous System Improvement Committee
Laura.leonelli@cmhpc.ca.gov
(916) 324-0980



"We're Listening"

A Community Dialogue on Mental Health

Are you getting what you need when you need it? What works? What doesn't? Let us Know!

When: Wednesday, September 10, 2014
4:00 – 6:30 pm

Where: Woodland United Methodist Church, Fellowship Hall
212 Second Street, Woodland, CA 95695



Discussion: There have been many changes to the public mental health system. What are the successes and the challenges in this time of transition? Come share your story, and suggestions.

Opening Remarks:

Karen Larsen, Director,
Yolo County Department of Alcohol, Drug and Mental Health

Bob Schelen, Chair,
Yolo County Local Mental Health Board

Pastor Elizabeth Brick, Woodland United Methodist Church

Who Should Attend: **You!**

- Community Organizations
- School Personnel
- Law Enforcement
- Students
- Mental Health Services Consumers
- Family Members and Parent Partners
- Mental Health Services Providers
- Medical Personnel/First Responders



*A shared
thought is
powerful –
Come share
your strength!*

Light refreshments will be available.

If translation services or reasonable accommodations are needed please call (916) 324-0980 or email laura.leonelli@cmhpc.ca.gov by Sept. 5 in order to work with the venue.

CMHPC:

Advocacy

Evaluation

Inclusion



“Estamos escuchando”

Un Diálogo Comunitario de Salud Mental

¿Está consiguiendo lo que necesita cuando lo necesita? ¿Qué le funciona? ¿Qué no le funciona? ¡Háganoslo saber!

Cuando: Miércoles, 10 de septiembre del 2014
4:00 – 6:30 p.m.



Dónde: La Iglesia United Methodist de Woodland
212 Second Street, Woodland, CA 95695

Discusión: Ha habido muchos cambios en el sistema público de salud mental. ¿Cuáles son los éxitos y los retos en este momento de transición? Venga a compartir su testimonio, y sugerencias.

Palabras de Apertura:

Karen Larsen, Directora,
Condado de Yolo Departamento de Alcohol, Drogas y Salud Mental

Bob Schelen, Presidente,
Condado de Yolo Comisión de Salud Mental

Pastora Elizabeth Brick, La Iglesia United Methodist de Woodland

Quien Debe Atender: ¡USTED!

- Organizaciones Comunitarias
- Personal Escolar
- Personal Policial
- Estudiantes
- Consumidores de Servicios de Salud Mental
- Miembros de Familia y Padres Asociados
- Proveedores de Servicios de Salud Mental
- Personal Médico/Primeros Auxilios



¡Un pensamiento compartido es poderoso - Venga a compartir su fuerza!

CMHPC:

Apoyo

Habrán refrigerios ligeros.

Si necesita servicios de traducción o acomodados razonables, por favor llame al (916) 324-0980 o envíe un correo electrónico a: laura.leonelli@cmhpc.ca.gov Favor de hacerlo antes del 5 de Septiembre.

Evaluación

Inclusión