

Yolo County Health and Human Services Agency: Mental Health Services Act Annual Update

For Fiscal Year 2015-16



Prepared by:

Resource Development Associates

August 10, 2015





ACKNOWLEDGEMENTS

Will be completed upon completion of the Public Hearing.

DRAFT



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MHSA COUNTY COMPLIANCE CERTIFICATION

County: Yolo

- Three-Year Program and Expenditure Plan
 Annual Update

Local Mental Health Director	Program Lead
Local Mental Health Mailing Address:	

I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county/city and that the County/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Three-Year Program and Expenditure Plan or Annual Update, including stakeholder participation and nonsupplantation requirements.

This Three-Year Program and Expenditure Plan or 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 Three-Year Program and Expenditure Plan or 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.

 Mental Health Director/Designee (PRINT)

 Signature Date





MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION

County: Yolo

- Three-Year Program and Expenditure Plan
- Annual Update
- Annual Revenue and Expenditure Report

Local Mental Health Director	County Auditor-Controller/City Financial Officer
	Name: Telephone Number: E-mail:
Local Mental Health Mailing Address:	

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.

 Mental Health Director/Designee (PRINT)

 Signature Date

I hereby certify that for the fiscal year ended June 30, 2015, 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, 2015. I further certify that for the fiscal year ended June 30 2015, 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/City Financial Officer (PRINT)

 Signature Date





I. Community Program Planning Process Overview

Annual Update Contents

Yolo County began the Community Program Planning (CPP) process for its Mental Health Services Act (MHSA) Annual Update for FY 2015-16 in May 2015. Yolo County Health and Human Services Agency (HHS) 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 program and expenditure modifications or enhancements to support a robust mental health system based on the MHSA core values. This Annual Update is intended to review MHSA funded programs and services provided in FY 2013-14 to provide programming, service, and funding updates to the County's MHSA Three-Year Program and Expenditure Plan for FY 2014–2017. This review will support Yolo County to project anticipated programming and service needs in FY 2015-16. This Annual Update includes the following sections:

- **Overview of the community planning process** that took place in Yolo County from May through August 2015. Yolo County's CPP was built upon the meaningful involvement and participation of mental health service consumers and their family members, service providers, members of law enforcement, education representatives, representatives from social services agencies, members of health care organizations, and representatives of underserved populations as set forth by the MHSA CPP guidelines.
- **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—including service data, focus groups, stakeholder workgroups, community meetings, and public comments—to identify the service gaps which will be addressed by Yolo County's proposed MHSA programs for FY 2015-16.
- **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.

This plan is required by Proposition 63 (Mental Health Services Act), approved by California voters in 2004 to expand and transform the public mental health system. The MHSA represents a statewide movement to provide a better-coordinated and 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).



Since completing the needs assessment and community program planning phase of the Annual Update, stakeholders focused on addressing gaps that have emerged and enhancing the services offered by current MHSA programs. Examples of new services or enhancements made to MHSA programs include:

- ❖ Expanded capacity for Senior Peer Counseling by partnering with a community based organization.
- ❖ Develop a comprehensive, accessible inventory of upcoming groups by topic to facilitate referral for adults of all ages.
- ❖ Telepsychiatry procurements and improvements.

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

Project Approach & Methodology

In March of 2015, HHS initiated a planning process for the MHSA Annual Update for FY 2015–2016. The MHSA Planning Committee was led by Joan Beesley, MHSA Coordinator, and Resource Development Associates (RDA), a consulting firm with mental health planning expertise.

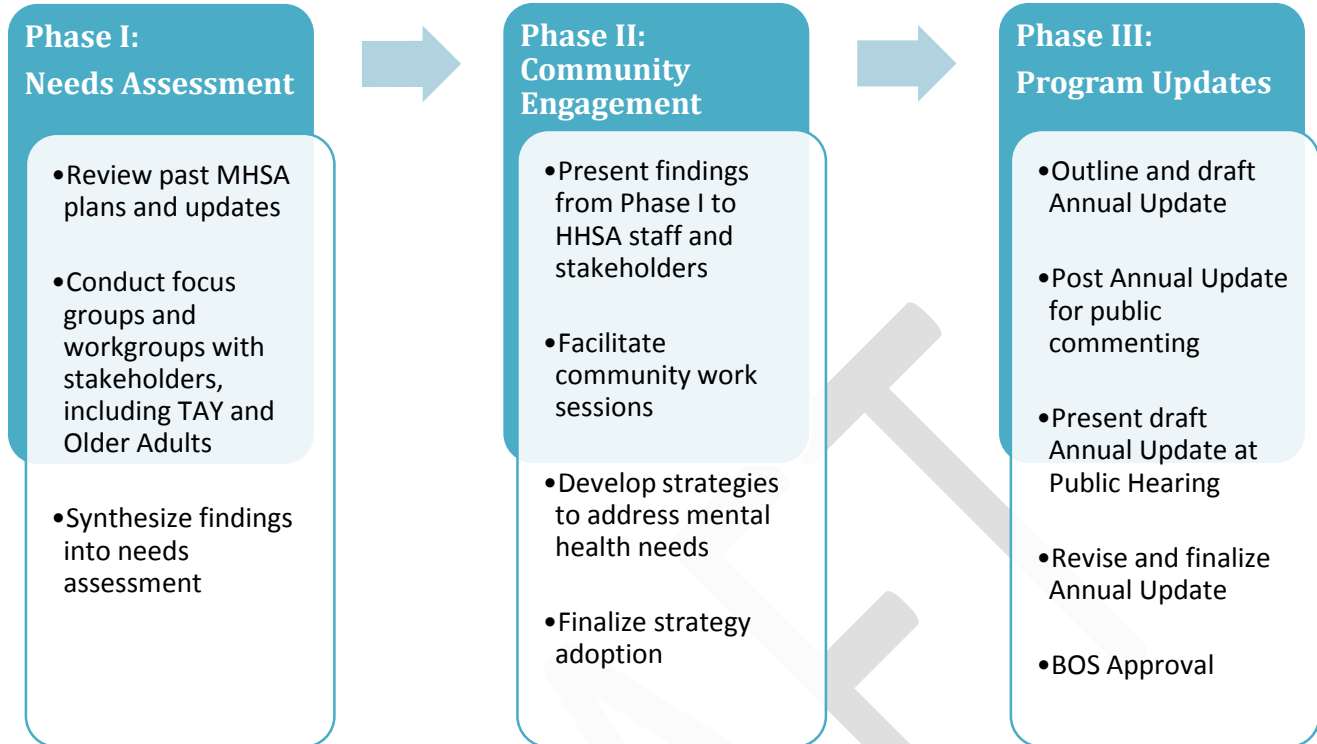
The planning team utilized a participatory framework to encourage buy-in and participation from stakeholders as set forth by the MHSA CPP guidelines, including behavioral health service consumers and their family members, service providers, members of law enforcement, education representatives, representatives from social services agencies, members of health care organizations, and representatives of underserved populations. The planning process consisted of three distinct phases: 1) Needs Assessment; 2) Community Engagement; and 3) Program Updates, as detailed in Figure 2.

Figure 1: MHSA Values





Figure 2: Community Program Planning Process



Community Mental Health Needs Assessment

The first phase of the CPP, the Community Mental Health Needs Assessment, included activities such as reviewing past MHSA plans and updates to ascertain a baseline status for all MHSA-funded programs, and to inform the development of a protocol to gather input on community mental health needs and recommendations for program changes in order to meet those needs. Special consideration was given to populations that were unlikely to attend scheduled community meetings. As such, the planning team conducted focus groups for Transition Age Youth (TAY) and Older Adults to ensure that their input would be incorporated. Furthermore, we held community meetings with County mental health services staff, medical and mental health providers, community-based organizations, and other general community stakeholders (e.g. family members, consumers), Appendix I includes the PowerPoint used during the first round of community meetings, which identified changes made in FY 2014-2015. In addition to reviewing the needs identified by the Three-Year Program and Expenditure Plan, which was conducted the previous fiscal year, focus groups and workgroups focused on the following questions:

1. What do you feel are the top needs and concerns in the county related to mental health?
2. How well is the county currently meeting these needs?
3. If you could improve the current mental health programs in the county, what would you do?



4. Are there any mental health programs/services you feel are missing or could be beneficial for people in the county?

The results of the focus groups and community meetings were synthesized into a needs assessment, which outlined the community's mental health needs and suggested program changes expressed in the focus groups and workgroups. See Appendix II for the focus group and work group protocols used during the needs assessment.

Community Engagement

The second phase of the CPP focused on community engagement, in which RDA took the needs assessment findings back to the community, to validate the emerging needs, gather any additional input, and refine the updates. The needs assessment was presented to HHSA stakeholders, consumers, family members, and other mental health service providers via community work groups, which were advertised so that community members would be able to attend. From these sessions, RDA worked with HHSA, taking into consideration the feedback from the community, to develop strategies to address mental health needs. These strategies included program modifications that HHSA will implement for FY 2015-16, and are included in this annual update/program and expenditure plan. See community report back meeting PowerPoint in Appendix III.

MHSA Program Updates

The third phase of the CPP involved drafting the Annual Update and providing another opportunity for the community to give feedback on the draft of the plan. After a 30-day public comment period, the plan is presented at a public hearing facilitated by the County's Local Mental Health Board, and once all of the community feedback is incorporated, the final Annual Update is presented to the Board of Supervisors (BOS) for approval. Details about the Local Review Process and Public Comment Period will be added below after the close of the public comment period.

Local Review Process

This section will 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.

Public Comments



During Phase 3 of the planning process, the planning team presented findings and strategies to the Yolo County Local Mental Health Board (LMHB), which reviewed and commented on all recommendations made by the MHSA planning team. All meetings of the LMHB are open to the public.

This section will be updated with any comments that are made during the public comment period or at the public hearing.

II. Needs Assessment Findings

Yolo HHS has made numerous advancements in their MHSA funded programs and services to help meet the needs of County residents. In the last year, Yolo HHS has increased the availability of MHSA funded programs and services and has developed new innovative programs to better meet the community's mental health needs. For example, Yolo HHS has increased the number of Family Partners/Peer Navigators, which has been beneficial in increasing outreach, engagement, and retention of children in mental health services and programs. Yolo HHS has also expanded the Full Service Partnership program across all age groups in order to ensure they remain engaged in their care. Furthermore, HHS has continued their Urban and Rural Children's Resiliency program, which many children and youth have stated were important in helping them address their needs and feel connected to their communities. HHS has also hired more County mental health staff in order to increase the availability and access of services. For example, HHS hired Russian and Spanish-speaking bilingual/bicultural outreach workers who are better able to engage across diverse populations of consumers living in Yolo County. And innovative evidence-based programs such as telepsychiatry are also being implemented in order to increase capacity and availability of services to Yolo County residents in diverse geographic regions.

HHS has dedicated and committed itself in continuing to expand their MHSA funded mental health programs and services throughout Yolo County. In addition, with new consolidation efforts amongst health and social service oriented agencies, HHS plans to leverage integration to improve upon the seamless provision and continuum of mental health services in the County. As with any planning process there are always ways to improve upon the current programs and services. The needs assessment below presents input from stakeholder groups to guide HHS in continuing their expansion and transformation to better meet the community's mental health needs.

Data Collection Activities

To ensure sufficient opportunities for community input, RDA in collaboration with Yolo County HHS, collected data across a variety of CPP events. These activities took place from May through July 2015, and included community meetings, stakeholder workgroup meetings, and focus groups with targeted populations and fliers and emails were used to recruit (see Appendix IV for the flyer used). These meetings and focus groups took place in order for consumer and stakeholders to express their needs and concerns related to public mental health services in Yolo County, share their experiences with the current system of services, and provide suggestions for improving MHSA funded programs and services. In order to track participants we used sign in sheets at each meeting to note who attend each focus group, work group, or



community meeting. Please see Appendix V for an example of the sign-in sheet used. Table 1 provides more details on the number of participants in each type of meeting or focus group.

Table 1. Data Collection Activities and Participants

Activity	Date	Total Participants
Community/Stakeholder Meetings	May-July 2015	20
Staff Workgroup	June 2015	6
TAY Focus Group	May 2015	14
Older Adult Focus Group	June 2015	7
Total	-	47

In order to track and report on demographic characteristics, we used demographic forms (see Appendix VI) during focus groups, work groups, and community meetings in order to gather data on who participated. Of those who participated in the process, 61% (n=27) were in the age group of 25-59 years, 20% (n=9) were 16-24 years of age, and 18% (n=8) were 60+ years of age. Additionally, RDA examined the ethnic and racial breakdown of the participants, which found that 53% identified themselves as non-Hispanic/Latino, and 79% stated they were White, 12% Multi-Racial, 5% Other, 2% American Indian/Alaskan Native, and 2% Asian or Pacific Islander (Figure 3).

Figure 3. Race and Ethnicity of Stakeholders Participating in Community Meetings and Focus Groups

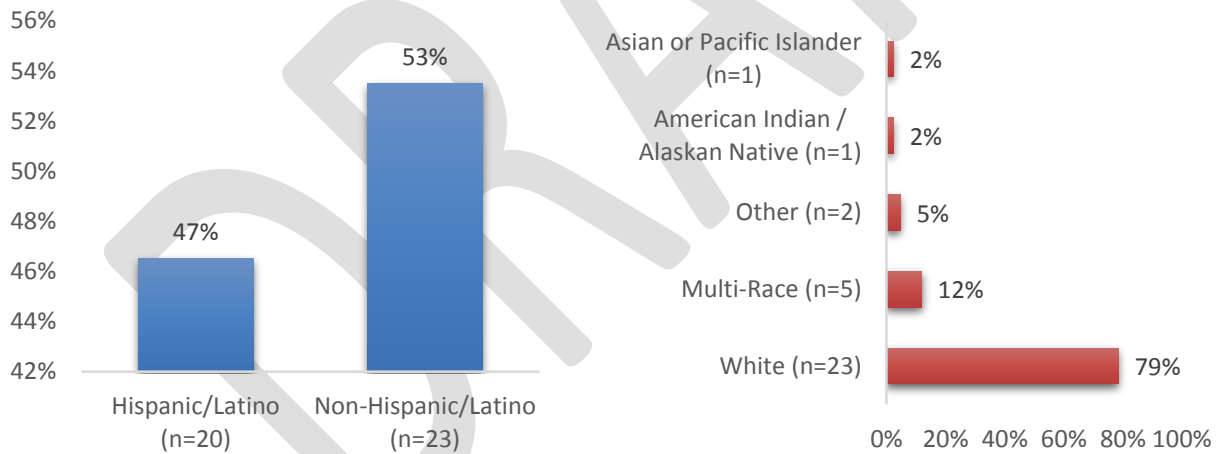
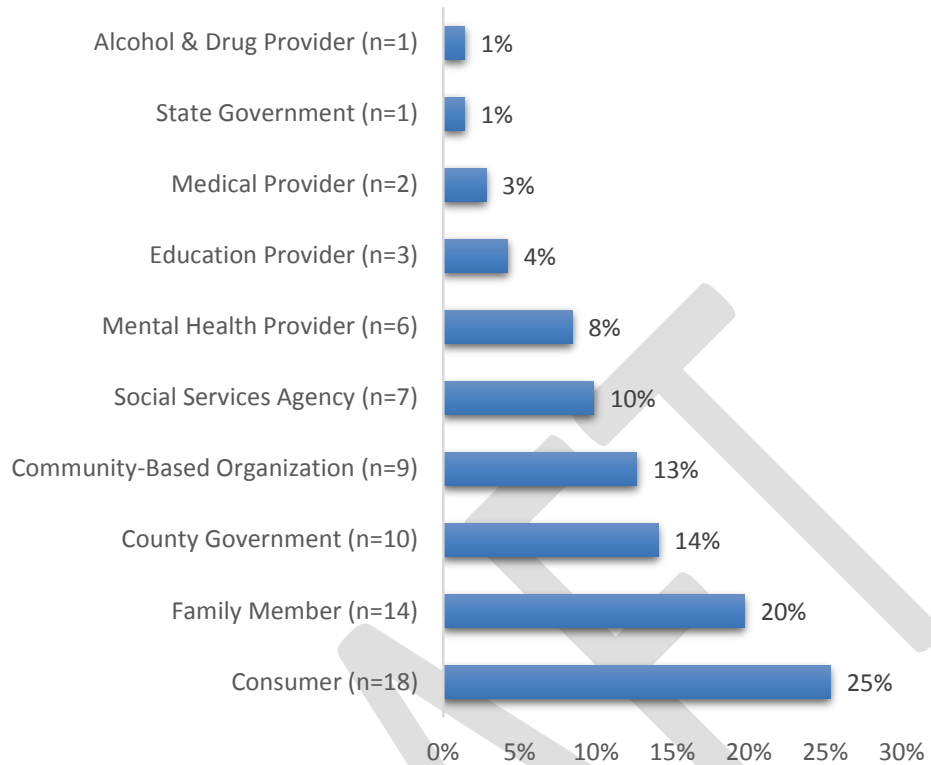


Figure 4 represents the various groups represented in the annual update process with 25% identifying as consumers, 20% identifying as family members, 14% as County Government mental health officials, 13% as CBOs, 10% as representatives from the Social Services Agency and so forth.



Figure 4. Stakeholder Affiliation of Participants in Community Meetings and Focus Groups



After the initial round of community engagement meetings and the stakeholder input was synthesized, RDA held three additional report back meetings in July 2015. The majority of stakeholders who participated in community report back meeting were 25-59 years of age (75%), and 27% were 60+ years of age. RDA also explored the ethnic and racial breakdowns; 80% identified as Non-Hispanic and 82% identified as White (Figure 5).

Figure 5. Race and Ethnicity of Stakeholders Participating in Community Report-Back Meetings

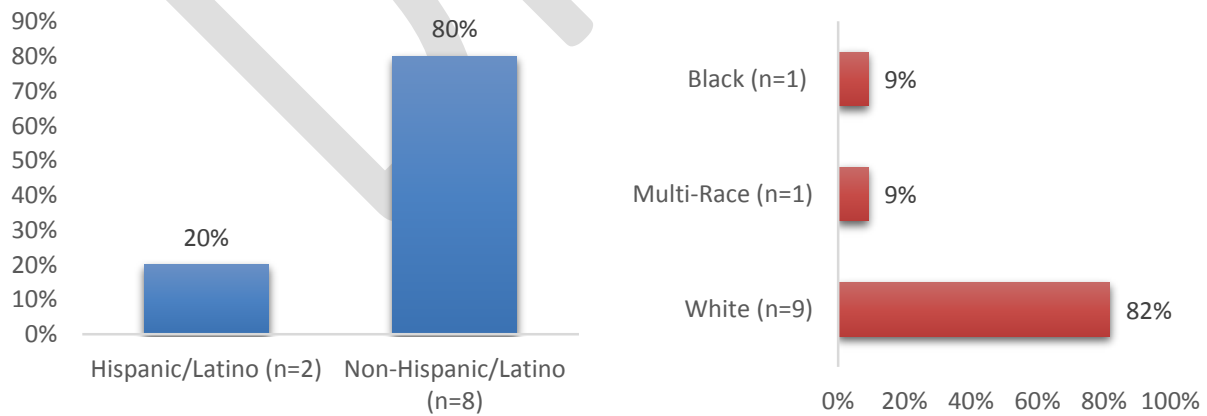
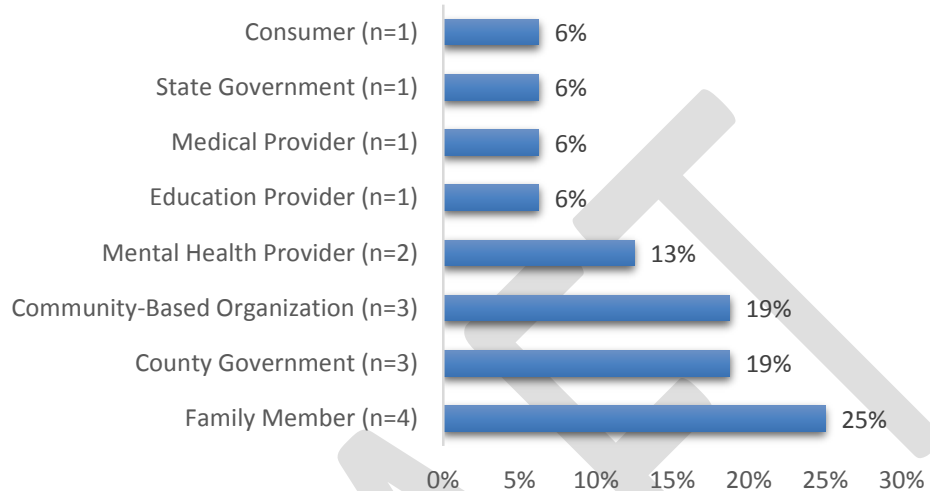




Figure 6 below represents the stakeholder affiliations that participate in the community report back meetings. Twenty five percent were family members, County Government and CBOs each accounted for 19%; and additional 14% were mental health providers, and 6% each were education, medical, state government, and consumers.

Figure 6. Stakeholder Affiliation of Participants in Community Report Back Meetings



Also during the community engagement activities we presented attendees with documents regarding the MHSA values, the updates and needs from FY 2014-2015, as well as opportunities to provide feedback using feedback forms. For examples of these documents please refer to Appendices VII-IX.

Key Findings on the Community's Mental Health Needs

As part of the annual process, RDA used the information collected during focus groups, community meetings, and stakeholder work groups to identify key themes that were discussed in relation to the mental health services being provided in Yolo County. Across the various stakeholder engagement efforts, community feedback pointed to several key needs and concerns. Despite these concerns, Yolo County residents also reported positive feedback regarding HHSA's implementation of MHSA programs and services over the last year. Results of the needs assessment identified five key areas of s needs:

- (1) Access to Mental Health Services;
- (2) Mental Health Service Availability;
- (3) Workforce Education and Training;
- (4) Housing; and
- (5) Other Considerations



Barriers to Accessing Mental Health Services

Overall, Yolo County's MHSA stakeholders reported increased awareness of MHSA programs and services as well as increased visibility of HHS's presence in the community. In particular, stakeholders noted increased program outreach across the County. Nonetheless, the needs assessment did reveal two additional areas of need to address barriers to accessing mental health services.

Key Finding 1: Improve community-wide education on mental health across the county. Community-wide education on mental health will help to increase accessibility to mental health services by making the community aware of what resources are available. In addition, education on mental health (included the signs and symptoms, discussed in more detail alone) will help to reduce the stigma associated with mental illness that may act as a barrier to services. This was particularly important in ethnic minority populations such as Spanish-speaking and Russian and Eastern European communities where mental health needs continue to be stigmatized due to cultural values and norms. Older Adults also noted this as a need as this population may not necessarily identify their need as a mental health concern, as one participant noted: *"Asking for help is a sign of knowledge"* –Older Adult Focus Group.

Key Finding 2: Increase County Mental Health First Aid training on a community-wide level. Community members noted that HHS should continue to provide Mental Health First Aid training and explore ways to expand the trainings. With this expansion participants noted teachers should be a key target group so as to ensure they are adequately responding to the mental health needs of students. By increasing the community's awareness of the signs and symptoms of mental illness, consumers' needs can be more appropriately address and better linked to treatment services.

Improving Mental Health Service Availability

Overall, community members and stakeholders noted improvements in the availability of services in Yolo County. During the 2008 financial crisis and resulting budget constraints, Yolo County had to make drastic cutbacks on the various services provided and to the staff employed by the County mental health branch. However, Yolo County HHS has worked to increase services and staff to pre-recession levels over the past two years. Even with the added effort, stakeholders noted several areas of need.

Key Finding 3: Increase availability of appointment times are needed, particularly during morning hours. Stakeholders noted that it is difficult to get appointment times that work with their schedules, especially in the morning. The County is committed to addressing these issues and has been exploring opportunities to alleviate the shortage of available appointment times by using innovative resources such as telepsychiatry and attracting mental health professionals to the area through several different Workforce Education and Training initiatives. One of the primary goals in the following fiscal year is to decrease wait times for assessments and appointments; HHS will actively be working toward addressing this request.

Key Finding 4: Expand the types of culturally and developmentally appropriate service options for consumers. Community members indicated an awareness of and support for several ongoing MHSA programs and services. However, specific requests were made to continue such programs and expand



upon them where possible. Although this request was made across different age groups, we've included specific needs below:

- ❖ Expand wellness activities to help support life transitions for TAY. TAY noted that financial planning programs would be helpful in supporting their transitions from youth to adulthood. As a TAY participant noted: *"Understanding financing is really important. How to get financial services to help out, loans, how they work, what are interest rates, how do savings work, and credit cards."*
- ❖ Integrate more volunteer and job training opportunities in services that aid in professional development for TAY. As one TAY consumer noted: *"I think it would be good to just be in a professional environment. Help getting job experience would be nice."*
- ❖ Improve access to social supports and wellness activities in the Wellness Centers. Adult consumers and HHSA staff also noted a requested improved access and utilization of Wellness Center activities and supports, particularly in Woodland and West Sacramento. HHSA staff reported that it is difficult to know what supports and activities are available to consumers in order for them to make a referral. HHSA is currently in the process of developing a master schedule of all Wellness Center activities for HHSA staff and consumers and plans to open a West Sacramento Wellness Center in fall 2015 to expand service offerings to consumers living in that part of Yolo County.
- ❖ Programs that promote connection and reduce isolation for Older Adults. Additionally, Older Adult consumers noted wanting to increase programs and services that promote connectedness and reduce social isolation like the current men's and women's support groups and gardening activities.

Key Finding 5: Continue implementation of Rural and Urban Children's Resiliency Programs and Senior Peer Counseling Program. Stakeholders indicated broad support for the Rural and Urban Children's Resiliency and the Senior Peer Counseling programs. Consumers noted that those programs should be continued and that HHSA should explore ways to expand upon them. As TAY noted:

"Success Mentoring Group...that changed how I was. It led me to be more social and have more friends and connections. I grew up to be more of a leader because of it. It did really, really well, at least for me personally. I met a lot of people who learned how kids are, how they're different, and how they respond to different situations."

Similarly, Older Adult consumers noted a desire to continue the Senior Peer Counseling program in order to provide outreach and social support for older adults who may feel more isolated and not necessarily identify as having mental health needs.

In addition to the cross-cutting needs mentioned above, Yolo mental health stakeholders and consumers also noted age-specific mental health needs. In particular, participants expressed specific concerns related to the availability of mental health services for children.



Key Finding 6: Expand developmental screenings of children in Yolo County. Stakeholders were happy that children were being developmentally screened, but noted a need to expand upon such screenings in order to reach more children and prevent mental health concerns.

Key Finding 7: Increase community partner engagement to increase outreach and retention of children and their families into programs. Stakeholders also discussed a need to explore reaching out to additional community partners to increase outreach, engagement, and retention of children into Full-Service Partnership (FSP) programs. During the community report back meetings, stakeholder also expressed concern about the sustainability of other children's services, such as the county's crisis nursery program. HHSA is gathering more information on the crisis nursery program to examine whether it falls under the purview of MHSA.

TAY consumers were pleased with the improvements made to Pathways to Independence over the past year, particularly with the additional support provided to the program's Program Manager and with increased case management. However TAY consumers voiced additional needs to be addressed through more tailored mental health services.

Key Finding 8: Increase effort to develop a TAY-specific Wellness Center. According to HHSA, TAY do not utilize the current Wellness Center services in Woodland. In the Three-Year Program and Expenditure Plan for 2014-17, TAY reported that the Woodland Wellness Center did not seem developmental appropriate, as the majority of the participants and activities are targeted for adult consumers. HHSA made a commitment to re-opening a TAY-specific Wellness Center in Davis and is continuing this effort as of this Annual Update. Specifically, HHSA is working towards identifying a suitable space in the Davis area that can accommodate wellness activities and program curricula appropriate for TAY.

Key Finding 9: Diversify ways to provide mental health services, particularly through smartphone and text messaging. With advances in technology and current youth specific technology utilization and behaviors, TAY expressed an interest in being able to receive mental health services through smartphone applications and/or texting. As TAY noted:

"A lot of youth would much rather text than call. Some kind of text or message line rather than a hotline or warm line. It's less scary than going face to face. People are more willing to say something in writing than face to face. It can transition to face to face later if that's needed... It feels more anonymous, it's the way we communicate now. Everyone has a smart phone."

Regarding the needs of adults and older adults, consumers noted many benefits of the programs and services currently offered, and were particularly pleased with the Senior Peer Counseling program. However, as with any needs assessment, stakeholders did identify areas for improvement.

Key Finding 10: Improve access to efficient and reliable transportation. Consumers and stakeholder across age groups and affiliations requested more efficient and reliable transportation to and from



appointments in Woodland. Stakeholders suggested that more drivers can be employed and additional vehicles procured to facilitate better transportation for consumers.

Key Finding 11: Improve homeless outreach and engagement into services. Consumers also discussed improving homeless outreach and engagement services, and noted that this was particularly important during and after emergency room admissions, in order to reduce the revolving door.

Key Finding 12: Improve assistance and support for persons involved with the criminal justice system. During community report back meetings, a need was identified for better assistance and support for adult parolees and probationers, to ensure the continuum of care for consumers; Yolo County HHSA will work with the relevant criminal justice stakeholders and providers to ensure they are aware of this specific request. Additionally, they will be increasing the numbers in FSP and some will be referred by the Mental Health Court to such services.

Workforce Education and Training

In addition to program and service specific improvements and request, stakeholders reported increased awareness of mental health training and education programs, such as the cultural competency training. Overall, the needs assessment indicated that Yolo residents' have increased awareness and comfort with accessing mental health services. Nonetheless, stakeholders reported that further skills building of the current workforce might be beneficial.

Key Finding 13: Increase number and types of trainings to build workforce skills. As part of this request stakeholders suggested trainings including disaster mental health response training to address the mental health needs of the community during and after a disaster/emergency response; cognitive behavioral therapy for persons suffering from hoarding and cluttering; suicide risk assessment and intervention skills for mental health professionals; and additional cultural humility and competency training to better equip mental health workers to address the needs of Yolo County's diverse populations, including Russian and Eastern European speakers, Spanish speakers and migrant communities, and lesbian, gay, bisexual, transgender, queer, questioning, and intersex (LGBTQQI) members.

Key Finding 14: Expand mental health workforce, particularly psychiatrists and psychiatric nurse practitioners. The needs assessment discovered that additional expansion of the mental health workforce continues to need attention. A major concern brought up by community members was that the County has a shortage of psychiatrists and psychiatric nurse practitioners. However, participants noted that this issue remains across many other counties in California, and is not unique to Yolo County.

Housing

In addition to the programs and workforce development request above, mental health consumers in Yolo requested that further work take place in regards to housing in order to meet their mental health needs.

Key Finding 15: Increase access to affordable and safe housing in Yolo County. Stakeholders noted a need for improved access to affordable housing in the County, including access to respite homes and



board and cares. Additionally, consumers noted that additional measures are needed in order to safeguard the wellbeing of those living in transitional housing.

Other Considerations

In addition to the needs and requests discussed above Yolo County community members also discussed other items not directly related to MHSA funded programs and services. HHSA has invested significant resources into quality improvement, service delivery, evaluation, and data collection and will continue to do so and will make sure that the relevant partners are aware of the requests below. HHSA is currently leveraging the consolidation efforts to improve upon the request below where possible. RDA has included these requests in order to document them and ensure that HHSA remains aware.

Key Finding 16: Improve coordination between physical and behavioral health and enhanced continuum of care. Consumers noted that while they may experience mental health issues and needs, physical health is also important and has an impact on mental health. Consumers would like to see improved coordination and enhanced continuum of care between physical and behavioral health programs and services.

Key Finding 17: Improve data collection methods, particularly to gather more information about the lesbian, gay, transgender, queer, questioning, and intersex (LGBTQQI) population in Yolo County. Consumers noted a lack of information on the specific mental health needs of the LGBTQQI in Yolo. They would like to see better data collection methods in order to identify this population and begin to understand their mental health challenges. In relation to this, mental health staff stated they wanted improved access to information on evidence-based practices and peer-reviewed journals.

Key Finding 18: Improve access to detoxification centers. Community members also noted that there are currently no detoxification centers in Yolo County and stakeholders would like to see improved access to these centers in order to meet the needs of those suffering with substance use.



III. MHSA Program Plan Updates

Structure of Programs

This report will provide FY 2013-14 program and service updates for the following programs:

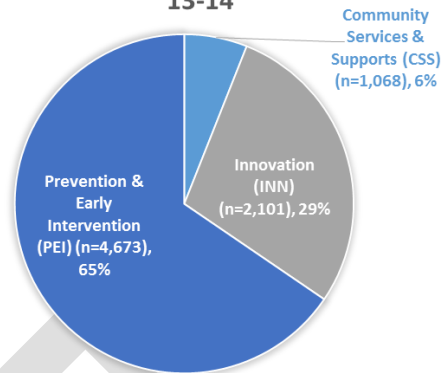
Component	MHSA Program or Service
CSS	Children’s Mental Health Services (FSP, SD, O/E)
	Pathways to Independence, Transition-Age Youth (FSP, SD, O/E)
	Adult Wellness Alternatives (FSP, SD, O/E)
	CSS Housing & Support Services
	CSS Benefits Specialist (All ages, All CSS Programs)
	Greater Access Program (GAP)
	Free to Choose (Harm Reduction Model Substance Abuse Services)
PEI	Wellness Project: Urban Children’s Resiliency
	Wellness Project: Rural Children’s Resiliency
	Wellness Project: Senior Peer Counselor Volunteers
	Early Signs Project: Early Signs Training and Assistance
	Early Signs Project: Crisis Intervention Team (CIT) Training
INN	Community Outreach Rural Engagement (CORE)/ Creando Recursos y Enlaces Para Oportunidades (CREO)
	Housing Now
WET	Student Loan Repayment
	Mental Health Professional Development
	Intern Therapy for Older Adults
	Psychiatric Residency Program Development
CFTN	Yolo Technological Improvement Project
	Woodland Wellness Center Remodel
	West Sacramento Wellness Center Development
	Telepsychiatry



MHSA Program Participant Demographics

In Fiscal Year 13-14, 707 new or existing clients with serious mental illness (SMI) were served by MHSA programs. In that same period, 4,746 individuals were served by MHSA programs offering outreach and engagement, benefits assistance, preventative services, early mental health intervention, or specialty training in recognizing and responding to the signs and symptoms of mental illness or suicidal behaviors. A total of 7,132 people in Yolo County received services funded by MHSA between July 1 and June 30, 2014. See the figure included here for the breakdown of individuals served by MHSA funded programs by MHSA component for FY 13-14. For a complete report on numbers services and demographics of participants in MHSA funded programs and services for FYs 11-12, 12-13, and 13-14 see Appendix X.

All people served by MHSA programs, FY 13-14



For the purposes of this Annual Update, Yolo County HHS also included preliminary participant demographic information for the first half of FY 14-15. See Appendix XI for Mental Health Services Act Summary Program Data for the first two quarters of FY 14-15.

Community Services and Supports (CSS)

Children’s Mental Health Services (FSP, SD, O/E Programs)

FY 2013-14 Status

- Continuing Program
- Children’s Mental Health Services met its objectives in FY 2013-14.

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.



Populations Served in FY 2013-14

- 169 individuals served, ages 0-17

Key Activities in FY 2013-14

- Conducted outreach and engagement services to identify children and families who are in need of mental health services that are culturally relevant and gender responsive.
- Provided intensive support services to children classified as Full Service Partners and their families, including individual and family therapy.
- Provided community based service provision available at the child or youth's home, schools, primary care clinics, and community programs.
- Provided navigation and linkages to families in need of resources in the community for mental health services through a Family Partner.
- Collaborated 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.
- Coordinated 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.
- Mentored youth and children.
- Operated a 24-hour crisis phone line and refer to crisis services and supports.
- Provided 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.
- Educated 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.
- Provided integrated physical and mental health services, which includes co-location and/or collaboration with primary care clinics or other health care sites and providers.
- Provided transportation to children, youth, and their families to mental health appointments at Yolo HHSA.
- Referred and linked clients to other community-based providers for other needed social services and primary care.

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – Children's Mental Health Services emphasized wellness, recovery, and resiliency by supporting children and their families to determine and work toward their individualized goals, using evidence-based practices.
- **Consumer/Family-Driven Services** – The program helps consumers and their family members determine individualized goals for recovery, and partners with the family and others in the child's life to remove barriers to reaching those goals.



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- **Cultural Competency** – Program staff members are continually expanding their knowledge of culturally-competent evidenced-based practices to better meet the diverse needs of Yolo County children. Staff have attended cultural competency trainings held by HHSA, and have also worked to address geographic isolation by bringing services to consumers where they are, such as in the home or school environment.
- **Community Involvement** – The outreach and engagement component of the program places staff in the community to build relationships with and mentor children in order to connect them with needed services.
- **Integrated Service Delivery** – Program staff function as an interdisciplinary team to provide comprehensive, holistic treatment that addresses the consumers' mental health, social, emotional, medical, and housing needs, and partners with other providers, including primary care when appropriate.

Key Successes

Children's Mental Health Services increased the number of Family Partners/Peer Navigators. Additionally, the program expanded the role of Family Partner to Peer Navigator, where appropriate, allowing for more peer involvement in service delivery.

Barriers or Challenges

HHSA has noted difficulty in expanding FSP solely through HHSA and are considering expanding services by partnering with a community-based organization in the coming year.

FY 2013-14 Partners

Yolo HHSA administered Children's Mental Health Services without additional partners.

Fiscal Year 2015-16 Planned Activities and Modifications

HHSA plans to pursue additional community partners to increase engagement and retention of children in FSP.

FY 2015-16 Projected Costs

- \$400,000 budget amount
- \$2,367 average per person cost

Pathways to Independence for Transition-Age Youth (FSP, SD, O/E Programs)

FY 2013-14 Status

- Continuing Program
- Pathways to Independence met its objectives in FY 2013-14.





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 continuation of the effort to identify a space for the TAY Wellness Center in Davis.

Populations Served in FY 2013-14

- 140 individuals reached, between the ages of 16-24

Key Activities in FY 2013-14

- Provided intensive support services and case management to TAY identified as Full Service Partners, including individual therapy and other collateral support, when needed.
- Developed 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.
- Provided seamless linkages between the children/youth mental health system and the adult mental health system as appropriate.
- Provided medication management services and nursing support.
- Provided 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.
- Assisted youth with location appropriate affordable housing in the community, including permanent affordable housing with combined supports for independent living.
- Provided life skills development to promote healthy independent living.
- Assisted TAY with developing employment related readiness skills and with seeking employment.
- Supported TAY to graduate high school and pursue college or vocational school.
- Provided referrals and navigation support for substance abuse treatment services, when needed.
- Transported 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.
- Provided services to support families of youth during this period.
- Operated a 24-hour crisis phone line and refer to crisis services and supports.
- Educated 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.
- Provided navigation and linkages to TAY in need of resources in the County or community for mental health services through a Peer Navigator/ Outreach Specialist.



- Referred and linked clients to other community-based providers for other needed social services and primary care.

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – Pathways to Independence emphasized wellness, recovery, and resiliency by supporting individuals to determine and work toward their individualized goals, using evidence-based practices.
- **Consumer/Family-Driven Services** – The program helps each consumer determine his or her own goals for recovery, and works with family and others in the consumer’s life to remove barriers to reaching those goals.
- **Cultural Competency** – Program staff members are continually expanding their knowledge of culturally-competent evidenced-based practices to better meet the diverse needs of Yolo County TAY. Staff have attended cultural competency trainings held HHSA, and have also worked to address geographic isolation by bringing services to consumers where they are, such as in the home environment.
- **Community Involvement** – The outreach and engagement component of the program places staff in the community to build relationships with TAY, in order to connect them with needed services. Also, the program encourages individuals in the program to connect with others in their community as well, through involvement in Wellness activities.
- **Integrated Service Delivery** – Program staff function as an interdisciplinary team to provide comprehensive, holistic treatment that addresses the consumers mental health, social, emotional, medical, and housing needs, and partners with other providers, including primary care when appropriate.

Key Successes

Pathways to Independence increased the number of individuals to which it provided outreach and engagement in 2013-14, expanded the availability of FSP services, and maintained the number of consumers seen in System Delivery (SD), despite challenges with the location of a TAY-specific Wellness Center.

Barriers or Challenges

Yolo HHSA continues to search for space that would be appropriate for a TAY-specific Wellness Center that focuses on activities that are more focused for the age group. At the current time, TAY over the age of 18 are welcomed to the Adult Wellness Center, but many would prefer their own space and programs.

FY 2013-14 Partners

Yolo HHSA administered the program without additional partners.



Fiscal Year 2015-16 Planned Activities and Modifications

- HHS is planning to offer additional alternative wellness activities including:
 - Life skills classes and activities.
 - Financial management education.
- HHS continues to explore a location for the Davis Wellness Center.
- HHS plans to increase their peer navigators and include a buddy system for TAY.
- HHS is working to improve outreach and engagement to the homeless TAY population.
- HHS plans to continue to work on improving transportation access and reliability.

FY 2015-16 Projected Costs

- \$ 2,746,628 budget amount
- \$19,619 average per person cost

Adult Wellness Alternatives (FSP, SD, O/E Programs)

FY 2013-14 Status

- Continuing Program
- Adult Wellness Alternatives met its objectives in FY 2013-14.

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.

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. In addition to the Woodland Wellness Center, Yolo HHS plans to reestablish a Wellness Center for Adults in West Sacramento. The CPP process identified the need for Wellness Center services in other parts of the County, with a priority in West Sacramento.



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.

Clients with less intensive needs may receive Low to Moderate Specialty Mental Health Services. These are primarily clinic-based specialty mental health services for severely mentally ill adults, but can also include intermittent field-based case management services. Services include: assessment, psychotherapy (brief), targeted case management, plan development, collateral, rehabilitation and crisis intervention. Consumers who are assessed but do not meet guidelines for low to moderate specialty mental health services are referred to community providers or other appropriate service providers.

Populations Served in FY 2013-14

- 381 individuals reached, ages 25-59

Key Activities in FY 2013-14

- Conducted 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.
- Provided intensive support services and case management to homeless and impoverished adults identified as Full Service Partners, including individual therapy and collateral support where needed.
- Provided 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).
- Provided medication management services and nursing support.
- Provided 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.
- Conducted outreach services for persons who are homeless or at risk of homelessness that involve persistent, non-threatening, outreach and engagement services.
- Assisted homeless adults and adults without stable housing by locating appropriate, safe, and affordable housing in the community.
- Provided referrals and navigation support for substance abuse treatment services, when needed.
- Provided opportunities for clients to socialize and learn alongside clients from neighboring counties.
- Provided supportive living services to maintain housing.
- Promoted self-care and healthy nutrition.
- Assisted interested adults to find employment and volunteer experiences to enhance their integration in the community.
- Promoted pro-social activities, including creative or artistic expression as related to self-care.



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- Transported adult clients to and from appointments or the Woodland Wellness Center.
- Operated a 24-hour crisis phone line and refer to crisis services and supports.
- Provided resources and information on skills for daily living.
- Provided programs, services, group support, and socialization activities at the Woodland Wellness Center.
- Provided 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.
- Referred and linked clients to other community-based providers for other needed social services and primary care.

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – Adult Wellness Alternatives reflected the values of wellness, recovery, and resiliency by providing adults with goal-oriented, evidence-based treatment, that support individuals toward their own recovery.
- **Consumer/Family-Driven Services** – This program focuses on the goals of the individual in his or her own context, working with family, caregivers, and other social service and medical professionals, when needed, to provide comprehensive services tailored to the individual's specific needs.
- **Cultural Competency** – Program staff are continually expanding their knowledge of culturally-competent evidenced-based practices to better meet the diverse needs of Yolo County consumers. Staff have attended cultural competency trainings held by the HHSA, and have also worked to address geographic isolation by bringing services to clients where they are, such as in the home environment.
- **Community Involvement** – The outreach and engagement component of the program places staff in the community to build relationships with consumers, in order to connect them with needed services. Also, the program encourages individuals in the program to connect with others in their community as well, through activities associated with the Wellness Center.
- **Integrated Service Delivery** – Program staff function as an interdisciplinary team to provide comprehensive, holistic treatment that addresses the consumers mental health, social, emotional, medical, and housing needs, and partners with other providers, including primary care when appropriate.

Key Successes

Adult FSP was expanded, allowing for more adult consumers with serious mental illness to receive comprehensive services. Peer navigators were also expanded, and an Outreach Specialist was hired as well. Russian and Spanish-speaking bicultural outreach workers were also hired to expand outreach into those communities.



Barriers or Challenges

Due to flooding, the West Sacramento Adult Wellness Center continues to be closed, but Yolo HHSA does have plans to reopen the center in Fall 2015.

FY 2013-14 Partners

In addition to HHSA, the agency partners with the community-based provider, Turning Point, to operate the Adult Wellness Alternatives programs.

Fiscal Year 2015-16 Planned Activities and Modifications

- HHSA plans to reopen a West Sacramento Wellness Center in Fall 2015.
- HHSA plans to work on developing additional alternative wellness activities including:
 - Life skills classes.
 - Stress management classes.
 - Nutrition classes.
- HHSA will continue to explore ways to improvements outreach and engagement of mental health consumers who are homeless.
- HHSA will continue to explore ways to improve transportation access and reliability.
- HHSA will be expanding FSP to all adult ages.
- HHSA will expand GSD services operating in Woodland to focus on mild/moderate consumers and consumers will be triaged to services depending on level of need (i.e. high need will to go FSP, moderate need to GSD services, low need to primary care).
- The use of LOCUS to determine level of care for services to better identify the appropriate setting for services is new in FY 15-16.

FY 2015-16 Projected Costs

- \$7,278,996 budget amount¹
- \$19,105 average per person cost

Older Adult Outreach and Assessment (FSP, SD, O/E Programs)

FY 2013-14 Status

- Continuing Program
- Older Adult Outreach and Assessment met its objectives in FY 2013-14.

¹ Includes Adult Wellness Alternatives Intensive/FSP & Wellness Center, Adult Wellness Alternatives Moderate/GSD, and Mobile Mental Health Services funds



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 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.

The 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.

Populations Served in FY 2013-14

- 135 individuals reached, ages 60 and older

Key Activities in FY 2013-14

- Conducted 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.
- Provided 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.
- Educated 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.
- Assisted with transportation to and from key Medi-Cal, psychiatric, and benefits-related appointments.
- Conducted 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.
- Promoted positive contact with family members.
- Assisted families to deal with mental decline of an elder.
- Coordinated with the Department of Employment and Social Services regarding the involvement of Adult Protective Services (APS).



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- Coordinated with the Public Guardian's Office regarding conservatorship of clients incapable of self-care.
- Coordinated with local multidisciplinary alliances to identify and assist older adults in need of mental health treatment.
- Coordinated with assisted living opportunities to provide a smooth transition, when needed.
- Coordinated with the Senior Peer Counselor Volunteer Program to match volunteers with seniors to prevent social isolation and to promote community living.
- Provided clinical support to Senior Peer Counselor Volunteers, who report on clients' progress or decline.
- Trained volunteers and staff on addressing suicide among older adults, especially males who are at higher risk.
- Assisted with maintaining healthy independent living, while avoiding social isolation.
- Assisted older adults with serious mental illness to locate and maintain safe and affordable housing.
- Provided 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.
- Operated a 24-hour crisis phone line and refer to crisis services and supports.
- Referred and link clients to other community-based providers for other needed social services and primary care.

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – Older Adult Outreach and Assessment reflected the values of wellness, recovery, and resiliency by providing older adults with goal-oriented, evidence-based treatment, that support individuals toward their own recovery.
- **Consumer/Family-Driven Services** – This program focuses on the goals of the individual in his or her own context, working with family, caregivers, and other medical and social service professionals to provide comprehensive services tailored to the individual's specific needs.
- **Cultural Competency** – Program staff are continually expanding their knowledge of culturally-competent evidenced-based practices to better meet the diverse needs of Yolo County older adults. Staff have attended cultural competency trainings held by the HHSA, and have also worked to address geographic isolation by bringing services to clients where they are, such as in the home environment.
- **Community Involvement** – The outreach and engagement component of the program places staff in the community to build relationships with older adults, in order to connect them with needed services. Also, the program encourages individuals in the program to connect with others in their community as well, through interaction with Senior Peer Counselor volunteers.
- **Integrated Service Delivery** – Program staff function as an interdisciplinary team to provide comprehensive, holistic treatment that addresses the consumers mental health, social,



emotional, medical, and housing needs, and partners with other providers, including primary care when appropriate.

Key Successes

Yolo HHSA has had success in moving forward with telepsychiatry plans, which affects this population specifically. Currently, HHSA is pricing out and testing equipment to provide older adults with clinical services in their homes and in the field, who may otherwise have difficulty with mobility or transportation to Woodland.

Additionally, the program's capacity to augment services with Senior Peer Counselors has been expanded.

Barriers or Challenges

It has been difficult to hire a geriatric psychiatrist. HHSA is considering modifying the job description to appeal to a wider audience of potential candidates, such as offering part-time hours and/or hiring psychiatric mental health nurse practitioners with geriatric expertise.

FY 2013-14 Partners

Yolo HHSA administered the program without additional partners.

Fiscal Year 2015-16 Planned Activities and Modifications

Older Adult Outreach & Assessment (FSP)

- HHSA plans to develop a master schedule of alternative wellness activities to increase accessibility

Across all Older Adult Programs:

- HHSA will continue to provide bus tickets to consumers
- HHSA will continue to acquire vehicles for transportation

FY 2015-16 Projected Costs

- \$1,105,998 budget amount
- \$8,193 average per person cost

Greater Access Program (GAP)

FY 2013-14 Status

- Continuing program
- GAP met its objectives in FY 2013-14.

Program Description

GAP began in 2012 as a Yolo County MHSA Innovation project and has been 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. GAP 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.

GAP expands the reach of Yolo County mental health services by outreaching to adults who may otherwise not seek or access mental health treatment. GAP 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. GAP 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. GAP 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.

Populations Served in FY 2013-14

- Number of individuals reached: 113

Key Activities in FY 2013-14

- Outreached and engaged homeless and unstably-housed adults in Yolo County.
- Provided benefits assistance to clients to secure entitlement benefits for which they are eligible, including Social Security Disability Income (SSDI) or Supplemental Security Income (SSI).
- Enrolled clients in Medi-Cal or Medicare.
- Connected clients to crisis stabilization services when needed.
- Provided intensive case management services and social supports.
- Provided psychiatric and medication management services.
- Assisted clients to secure safe and affordable housing.
- Provided 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.
- Referred and linked clients to other community-based providers for other needed social services and primary care.

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – The Greater Access Program promotes wellness, recovery, and resilience by helping connect individuals to whatever services they may need in order to reach their recovery goals, including and especially housing. They also consider the individual's level of



care and make appropriate referrals for treatment, to intensive outpatient, psychiatric, and crisis services as needed.

- **Consumer/Family-Driven Services** – GAP focuses on the needs of the consumer above all other motivations, connecting the individual to whatever services he or she needs to reach individualized goals.
- **Cultural Competency** – Yolo HHSA partners, including GAP staff, participate in ongoing cultural competency training to continually improve their ability to work with individuals and families with diverse backgrounds.
- **Community Involvement** – GAP outreaches to and works within the community instead of requiring consumers to come into a centralized office for services. This allows GAP staff to better consider the individual's context in helping them plan and achieve their goals.
- **Integrated Service Delivery** – GAP provides integrated services by linking individuals to any type of social service that they may need through intensive case management, including benefits, housing, and psychiatric support.

Key Successes

GAP has been able to successfully expand and continue to offer its services after transitioning from an MHSA Innovation-funded program to CSS. Year over year since its inception, the program has increased the number of individuals it serves, and continues to provide meaningful linkages to needed services in the community.

Barriers or Challenges

Some consumers have had difficulty accessing documents needed for receiving benefits, due to losing or damaging them while homeless or dealing with severe mental illness. The consolidation of Department of Employment and Social Services within HHSA will allow for better coordination between benefits departments and mental health services.

FY 2013-14 Partners

Yolo HHSA partnered with Yolo Community Care Continuum to oversee GAP.

Fiscal Year 2015-16 Planned Activities and Modifications

- HHSA hired a homeless outreach specialist who will collaborate with GAP staff to enhance the linkage to services within HHSA for those reached by the program.

FY 2015-16 Projected Costs

- \$382,042 budget amount
- \$3,381 average per person cost



Free to Choose (Harm-Reduction Model Substance Abuse Services)

FY 2013-14 Status

- Continuing Program
- Free to Choose met its objectives in FY 2013-14.

Program Description

The Free to Choose program began as a Yolo County MHSA Innovation project and was incorporated into CSS to serve adults ages 18 years and older with co-occurring disorders. Free to Choose will serve adults in Full Service Partnerships (FSP) and any non-FSP adults through System Development (SD) that meet the program's criteria. The priority population for Free to Choose 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. Free to Choose 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, Free to Choose 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.

Populations Served in FY 2013-14

- 68 individuals reached, adults and older adults

Key Activities in FY 2013-14

- Provided intensive case management services and social supports to reach and maintain self-identified sobriety and mental health recovery goals.
- Assisted clients to secure safe and affordable housing.
- Facilitated group and individual therapy and/or counseling.
- Conducted drug overdose prevention and education activities.
- Provided 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.
- Referred and linked clients to other community-based providers for other needed social services and primary care.

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – Free to Choose focuses on wellness and recovery by helping the supporting mental health consumers with a substance abuse disorder to reach their goals





without the often difficult expectation of abstinence. The program offers support and teaches the consumer about relapse triggers and activities that contribute to safety, while offering intensive support to help the consumer reach his or her individualized goals.

- **Consumer/Family-Driven Services** – The program allows the consumer to develop his or her individualized goals without imposition of often-difficult abstinence from substance use. Additionally, the program utilizes the family, when available, to help support the consumer’s progress in the program.
- **Cultural Competency** – Yolo HHSA partners, including Free to Choose staff, participate in ongoing cultural competency training to continually improve their ability to work with individuals and families with diverse backgrounds.
- **Community Involvement** – Free to Choose meets consumers “where they are,” physically and metaphorically, and works within the community instead of requiring consumers to come into a centralized office for services. This allows staff to better consider the individual’s context in helping them plan and achieve their goals. Free to Choose also doesn’t discriminate participants for engaging in substance abuse by allowing them to seek other mental health treatment until they are ready to reduce their use.
- **Integrated Service Delivery** – Free to Choose provides integrated services by coordinating with the consumer’s FSP treatment team, and by linking individuals to any type of social service that they may need through intensive case management, including benefits, housing, and psychiatric support.

Key Successes

Free to Choose maintained enrollment numbers and sustained consumer engagement, supporting consumers’ mental health treatment while helping them manage their substance abuse issues.

Barriers or Challenges

Individuals with long-standing substance use can often be difficult to engage and maintain in substance abuse treatment even with the harm reduction model, whose purpose is to not penalize individuals for continuing to use as they work toward their goals. Engaging this population is often difficult because of shame and stigma surrounding both substance abuse and mental illness.

FY 2013-14 Partners

Yolo HHSA partnered with Turning Point to oversee the Free to Choose program.

Fiscal Year 2015-16 Planned Activities and Modifications

- HHSA does not plan to introduce any new modifications.

FY 2015-16 Projected Costs

- \$127,347 budget amount



- \$15,918 average per person cost

Level of Care Utilization System (LOCUS)

FY 13-14 Status

- New program/service established in FY 14-15

Program Description

The “Level of Care Utilization System” (LOCUS) tool is a quantifiable measure to guide assessment and level of care decisions for adults in healthcare settings, including both physical healthcare and behavioral (mental and addiction) healthcare. It provides a common language for clinical and case management staff to utilize in distinguishing services appropriate to address the presenting needs of individuals who are seeking treatment.

The Yolo County HHS Adult & Aging Branch is taking the lead on implementing the tool on the Front Door Recovery and Intensive Recovery (High Need) Service Teams. In addition, anyone age 18 – 25 who seeks services in the Children & Family Branch of HHS will have a level of care determination completed with the LOCUS.

The LOCUS evaluates an individual’s needs in six dimensions: 1) Risk of Harm; 2) Functional Status; 3) Medical, Addictive and Psychiatric Co-Morbidity; 4) Recovery Environment; 5) Treatment and Recovery History; and 6) Engagement and Recovery Status. The evaluated dimensions are scored, a combined total is determined, and then is cross-referenced to the corresponding service level. Each service level encompasses a multidimensional array of service intensities, combining the needs for crisis, supportive clinical and environmental interventions.

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – The LOCUS model will better place consumers into a level of care that best reflects their stage in recovery. This model also allows for a more responsive change in the level of care depending on the consumers’ experience of their serious mental illness symptoms. The LOCUS model is built upon a continuum of recovery services and supports available to consumers reflected by this particular MHSA value.
- **Consumer/Family-Driven Services** – The LOCUS model tool is used to place consumers into the most appropriate level of care based on the consumers’ and family members’ experience of their recovery. Yolo HHS will get input from consumers and family members of consumers at regular intervals to re-assess the appropriateness of the level of care before making a care decision in collaboration with consumers and their care team to move between different levels.
- **Cultural Competency** – Yolo HHS staff participate in ongoing cultural competency training to continually improve their ability to work with individuals and families with diverse backgrounds.
- **Community Involvement** – The LOCUS model meets consumers “where they are,” physically and metaphorically, by building upon the experienced level of recovery into the most appropriate



placement into care. This allows staff to better consider the consumers' context in helping them plan and achieve their goals.

- **Integrated Service Delivery** – The LOCUS model integrates services by coordinating with the consumer's FSP treatment team, and by linking individuals to any type of social service that they may need through intensive case management, including benefits, housing, and psychiatric support.

Fiscal Year 2015-2016 Planned Activities and Modifications

The LOCUS model is newly implemented at the end of FY 14-15 and will be completely implemented in FY 15-16. No modifications are currently planned, but Yolo HHSA is dedicated to continuous quality improvement of the LOCUS model as it is implemented.

FY 2015-16 Projected Costs

- \$1,225,000 budget amount

Prevention and Early Intervention

Prevention Programs

Wellness Project: Urban Children's Resiliency

FY 2013-14 Status

- Continuing Program
- Urban Children's Resiliency met its objectives in FY 2013-14.

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.

Populations Served in FY 2013-14

- 4,202 persons reached between the ages of 0-15 years.





Key Activities in FY 2013-14

- Supported children and youth to increase their skills in anger management, self-esteem and relationship building, and cognitive life skills.
- Promoted pro-social activities.
- Supported parents to learn strengths-based parenting skills.
- Offered instruction 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.
- Coached older youth alternative coping strategies to adapt to life challenges including goal setting and skills for problem solving.
- Promoted involvement of community agencies, organizations, and businesses to implement programs that engage underserved youth in organized, creative activities.
- Targeted outreach and engagement toward youth who have been involved with the criminal justice/juvenile justice systems.
- Assisted youth to 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.

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – The Urban Children’s Resiliency promotes wellness, recovery, and resilience by engaging children and youth in creative ways to help them manage their mental health needs and build their resiliency to prevent future mental/emotional health trauma.
- **Consumer/Family-Driven Services** – Urban Children’s Resiliency focuses on the needs of the child consumer above all other motivations, teaching children ways to promote their own well-being and resiliency.
- **Cultural Competency** – Yolo HHSA partners participate in ongoing cultural competency training to continually improve their ability to work with children and families with diverse backgrounds.
- **Community Involvement** – Urban Children’s Resiliency outreaches to and works within the community instead of requiring consumers to come into a centralized office for services. It operates in three major school districts in Yolo County where they spend the majority of their day.
- **Integrated Service Delivery** – Urban Children’s Resiliency provides integrated services by linking children, youth, and their families to services that help educate children and youth on ways to manage and address mental/emotional health concerns. Programs operate within school districts, which also helps in ensuring that teachers and school administrators receive instruction on how to work with children who have mental/emotional health needs.



Key Successes

Urban Children's Resiliency has increased the number of persons reached by the program from previous years.

Barriers or Challenges

The Urban Children's Resiliency has been proven successful and engaging for children and youth. The program recognizes the need to expand mental health screenings to as many children 0-5 years of age as possible, but current capacity to do so is limited. HHSA will work with the Health Services Branch and First FIVE to address the need for more developmental screening throughout the county.

FY 2013-14 Partners

Yolo HHSA partnered with Victor Community Support Services to administer the Urban Children's Resiliency Program.

Fiscal Year 2015-16 Planned Activities and Modifications

- HHSA will continue to support providers to expand mental health screenings for children 0-5 years of age by working with the Health Services Branch and First FIVE.
- HHSA will identify additional opportunities to increase mentoring for students.

FY 2015-16 Projected Costs

- \$754,100 budget amount
- \$179 average per person cost

Wellness Project: Rural Children's Resiliency

FY 2013-14 Status

- Continuing Program
- Rural Children's Resiliency met its objectives in FY 2013-14.

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 HHSA. 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 that are likely to reduce stigma associated with prevention programs. This program also addresses the CPP identified need to continue to target services in rural areas as well as in the Latino community.

Populations Served in FY 2013-14

- 208 persons reached between the ages of 0-15 years.

Key Activities in FY 2013-14

- Facilitated 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.
- Organized outdoor social activities.
- Coordinated with *Club Live* in regards to drug education programs.
- Offered resiliency-focused coaching and career counseling for youth who engaged in community activities that segued into paid employment.

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – The Rural Children’s Resiliency promotes wellness, recovery, and resilience by engaging children and youth in creative ways to help them develop ways to manage their mental health needs and to prevent future mental/emotional health trauma.
- **Consumer/Family-Driven Services** – Rural Children’s Resiliency focuses on the needs of the child consumer above all other motivations, teaching children ways to promote their own well-being and resiliency. Additionally, the program works with children and youth in settings that are familiar to them in order to limit emotional/social anxiety that may occur with unfamiliar settings.
- **Cultural Competency** – Yolo HHSA partners participate in ongoing cultural competency training to continually improve their ability to work with children and families with diverse backgrounds. Services are provided by bilingual and bicultural staff in order to address needs of Spanish speaking families residing in rural areas.
- **Community Involvement** – Rural Children’s Resiliency outreaches to and works within the community instead of requiring consumers to come into a centralized office for services. It operates in two major rural school districts in Yolo County and organizes community events and activities in order to increase community involvement.
- **Integrated Service Delivery** – Urban Children’s Resiliency provides integrated services by linking children, youth, and their families to services that help educate children and youth on ways to manage and address mental/emotional health concerns. Programs operate within school districts, which also helps in ensuring that teachers and school administrators receive instruction on how to work with children who have mental/emotional health needs.



Key Successes

The mentoring program associated with Rural Children's Resiliency is strong and has engaged both older students as leaders and the younger students they mentor. Youth in this program report feeling that the program has helped them, in terms of confidence, social skills, and empowerment.

Barriers or Challenges

The population that the Rural Children's Resiliency Program serves is often difficult to engage because of both stigma in the community regarding mental illness, as well as the physical barriers, including rural location that makes traveling to them difficult.

FY 2013-14 Partners

Yolo HHSA partnered with R.I.S.E. Inc. to administer the Rural Resiliency Program.

Fiscal Year 2015-16 Planned Activities and Modifications

- HHSA will continue to support providers to deliver mentoring services to youth in rural areas and from bicultural and bilingual backgrounds.
- HHSA will identify additional opportunities to increase mentoring for children living in rural areas.

FY 2015-16 Projected Costs

- \$358,046 budget amount
- \$1,721 average per person cost

Wellness Project: Senior Peer Counselors

FY 2013-14 Status

- Continuing Program
- Senior Peer Counselor Volunteer met its objectives in FY 2013-14.

Program Description

Senior Peer Counselors 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.



Populations Served in FY 2013-14

- 40 individuals reaches in Older Adults (60+).

Key Activities in FY 2013-14

- Recruited, screened, and coordinated all peer counselor volunteers.
- Trained peer counselors in mental health resources, signs of mental illness, and how to work with older adults experiencing mental illness.
- Visited Older Adults in the home or in the community to provide companionship and social support.
- Coordinated with the Friendship Line, a warm-line and hot-line that is operated out of the San Francisco Institute on Aging.
- Referred and linked clients to other community-based providers for other needed social services and primary care.

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – The Senior Peer Counselors program promotes wellness, recovery, and resilience by working with Older Adults who may be isolated and require psychosocial support. The volunteer program coordinates with providers in order to work with Older Adults and provide access to services such as warm- and hot-lines.
- **Consumer/Family-Driven Services** – Senior Peer Counselors focuses on the needs of Older Adults above all other motivations and tailors their approaches to address the specific needs of this population. Older Adults may have difficulty adjusting to issues related to the aging process, and the Senior Peer Counselors provides an opportunity for social connection and confidence building.
- **Cultural Competency** – Yolo HHSA partners participate in ongoing cultural competency training to continually improve their ability to work with Older Adults and address their particular needs. Yolo HHSA partners and coordinates with the San Francisco Institute on Aging in order to ensure they are using update to tools and information and to provide warm- and hot-lines that address the particular needs of Older Adults.
- **Community Involvement** – Senior Peer Counselors work with Older Adults in their homes and places of familiarity in order to provide social support and address their concerns. Additionally, programs are developed to work with Older Adults to decrease the burden of isolation, such as partaking in community outings.
- **Integrated Service Delivery** – Senior Peer Counselors provides services by providing support to Older Adults and linking them to community partners to help address and manage their psychosocial support needs. Programs operate within the community and across a range of service partners, including organizations whose main areas of work are with Older Adults.



Key Successes

Yolo HHSA expanded the Senior Peer Counselors program in order to outreach to more Older Adult consumers.

Barriers or Challenges

Yolo HHSA continues to invest in educational and awareness campaigns. However, although knowledge and awareness has increased, it continues to be challenging to ensure that Older Adults are aware of the various services available to them.

FY 2013-14 Partners

Yolo HHSA partnered with the Institute on Aging to support the Friendship line and Citizens Who Care as the main service provider of the Senior Peer Counselors program.

Fiscal Year 2015-16 Planned Activities and Modifications

- HHSA will continue to work with community partners to provide services and awareness of services.
- HHSA will expand capacity for Senior Peer Counselors by partnering with Citizens Who Care.

FY 2015-16 Projected Costs

- \$58,727 budget amount
- \$1,468 average per person cost

Early Intervention Programs

Early Signs Project: Early Signs Training and Assistance

FY 2013-14 Status

- Continuing Program.
- Early Signs Training and Assistance met its objectives in FY 2013-14.

Program Description

Early Signs Training focuses on 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.

Populations Served in FY 2013-14

- 208 persons reached between the ages of 16-24 years.

Key Activities in FY 2013-14

- *Applied Suicide Intervention Strategies Training (ASIST)*: ASIST is a nationally-used, evidence-based suicide prevention training program for mental health professionals and caregivers of individuals who are at risk of committing suicide. Over the course of a two-day training, training attendees learn how to recognize the risk and learn how to intervene to prevent the immediate risk of suicide (www.livingworks.net/programs/asist).
- *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:
 - How to move beyond common tendencies to miss, dismiss, or avoid suicide.
 - How to identify people who have thoughts of suicide.
 - Apply the TALK steps: Tell, Ask, Listen, and Keep safe.

These steps will prepare someone to connect a person with thoughts of suicide to first aid and intervention caregivers (www.livingworks.net/programs/safetalk).

- *Mental Health First Aid and Youth Mental Health First Aid Certifications*: 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).
- 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).

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – The Early Signs Training and Assistance works with community and family members to train them in recognizing the signs of persons in need of mental health support. The programs are designed to help individuals recognize who are at risk of suicide and those who are at risk of developing a mental illness. The program empowers



community, family members, and caregivers to be able to meet the needs of their loved ones and promote wellness, recovery, and resiliency.

- **Consumer/Family-Driven Services** – The Early Signs Training and Assistance works directly with the community, family members, and caregivers of those suffering from a mental health crisis or issue. The program is motivated to train and work with families and caregivers in order to develop plans and strategies that are tailored to their family members need. Additionally, trainings are also tailored in order to address the specific needs of certain populations such as youth.
- **Cultural Competency** – Yolo HHSA partners participate in ongoing cultural competency training to continually improve their ability to work with those in both mental health crisis and non-crisis situations. Trainings are offered in multiple languages in order to ensure that persons who are interested in receiving the trainings are able to do so.
- **Community Involvement** – Early Signs Training and Assistance works with a variety of partners including teachers, school staff, peers, caregivers and other interested individuals. By offering trainings to a diverse group of community members, family members, and partners Yolo HHSA is able to ensure that persons are trained across a wide variety of populations in order to meet the needs of those in crisis and non-crisis situations.
- **Integrated Service Delivery** – Early Signs Training and Assistance provides integrated services by working a wide variety of stakeholders in helping them identify and support those suffering from crisis and non-crisis situations. These trainings are intended to reach a wide variety of different service partners including teachers, school staff, family members, consumers, peers and others. The wide reach of such programs allows those trained to have the skills needed to help alleviate mental health concerns and link those in crisis and non-crisis situations to appropriate services.

Key Successes

Yolo HHSA has doubled the number of persons who have received training from their programs in Early Signs Training and Assistance.

Barriers or Challenges

Although Yolo HHSA has increased the number of persons in the community who have received trainings, they have identified wanting to continue to increase these trainings, especially among certain populations such as teachers and school staff who work regularly with children and youth.

FY 2013-14 Partners

Services were provide by Yolo HHSA by internally trained staff and/or Yolo HHSA hired outside facilitators trained in the topic or skill at-hand.

Fiscal Year 2015-16 Planned Activities and Modifications

- Yolo HHSA will explore additional opportunities and avenues to expand trainings, particularly for teachers and school staff working directly with children and youth.



FY 2015-16 Projected Costs

- \$270,156 budget amount
- \$1,299 average per person cost

Early Signs Project: Crisis Intervention Team (CIT) Training

FY 2013-14 Status

- Continuing Program.
- Early Signs Crisis Intervention Team Training has met its objectives in FY 2013-14.

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.

Populations Served in FY 2013-14

- 79 individuals were served from ages 24-59 years.

Key Activities in FY 2013-14

CIT Training has increased its reach since inception and 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.

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – The Crisis Intervention Team Training works with law enforcement personnel and first responders in helping them recognize the signs of mental illness when responding to mental health calls. The programs are designed to help law enforcement and first responders work with persons in crisis and non-crisis situations to receive the necessary intervention in order to promote wellness, recovery, and resiliency.



- **Consumer/Family-Driven Services** – The Crisis Intervention Team Training works directly with first responders and law enforcement who are historically the first to respond to mental health related calls. The program is motivated to train and work with law enforcement and first responders to assist them in meeting the needs of consumers in a way that is consumer-driven and trauma informed.
- **Cultural Competency** – Yolo HHSA partners participate in ongoing cultural competency training to continually improve their ability to work with those in both mental health crisis and non-crisis situations. Trainings are offered to law enforcement personnel and first responders to ensure that they have adequate training and understanding of the needs of particularly culturally diverse populations.
- **Community Involvement** – The Crisis Intervention Team Training works with law enforcement and first responder partners to ensure they are aware of the community's needs. Law enforcement and first responders respond directly to crises in the community.
- **Integrated Service Delivery** – The Crisis Intervention Team Training provides integrated services by working with law enforcement and first responders in helping them identify and support those in crisis situations. These trainings help law enforcement and first responders receive adequate information on the types of services available to persons in crisis, so that they can be linked and transitioned to the appropriate care rather than be involved in the criminal justice system.

Key Successes

Among those who received Crisis Intervention Team training were officers and clinicians working to develop and implement a mobile community crisis intervention program (CIP). CIP is a grant-funded project (through California Senate Bill 82) that partners mental health clinicians with law enforcement agencies to ensure that persons experiencing a mental health crisis are receiving the type of support and mental health care they need while safety of the individual in crisis and the community are maintained.

Barriers or Challenges

Yolo HHSA has been improving upon the number of trainees, however it may be difficult to continue increasing the number of trainees year over year.

FY 2013-14 Partners

Yolo HHSA partnered with Disability Response/Summers to provide trainings.

Fiscal Year 2015-16 Planned Activities and Modifications

- Yolo HHSA will explore opportunities and avenues to expand trainings, particularly in other jurisdictions such as unincorporated and rural areas.

FY 2015-16 Projected Costs

- \$53,22 budget amount



- \$67 average per person cost

Innovation (INN)

Community Outreach and Rural Engagement (CORE/CREO)

FY 2014-15 Status

- New program implemented in FY 2014-15.

Program Description

The CORE/CREO outreach team provides Integrated Behavioral Health services to decrease the cost to the county and providers for uninsured individuals, reduce mental health systems and hospitalizations for patients receiving services, increase the quality of life and independence for patients with health, mental health, and substance use issues, and expand consumer input on programmatic structure, outreach activities, and treatment activities.

The target population for CORE/CREO is Yolo County Latino/Hispanic residents with health issues, and/or mental health and/or substance use illnesses. Non-target population individuals are referred to appropriate sources.

Populations Served in FY 2013-14

- N/A; new program

Key Activities in FY 2014-15

- Provided cultural competence and evidence-based practices training for CORE/CREO staff
- Used evidence based practices and implements quality assurance practices
- Provided culturally competent services in English, Spanish, and (if needed) Russian
- Increased access to primary care mental health and substance abuse treatment services for Latino/Hispanic residents of Yolo County, including weekly outreach activities and whole-person health screenings
- Connected Latino/Hispanic residents to entitlement supports as needed
- Provided screening, assessment, short-term solution-focused therapy, and access to psychiatric support for medication assistance to address mental health concerns
- Performed ongoing program development, outreach activities, ancillary services, and sustainability guided by Advisory Panel recommendations
- Reduced stigma and behavioral health underutilization in Latino/Hispanic communities with the creation of an advisory panel



MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – All CORE/CREO activities incorporated the principles of wellness, recovery, and resiliency by increasing community knowledge of available behavioral health services and engaging individuals and families in community-based activities and events.
- **Consumer/Family-Driven Services** – CORE/CREO provides services in the individual's preferred language, and emphasizes the central role of the individual in setting and reaching goals. Additionally, the pays attention to the role of the family in the consumer's growth.
- **Cultural Competency** – The program focuses on the unique cultural situation of its population. Program staff receive ongoing training in cultural competency.
- **Community Involvement** – Outreach and engagement take place in the community, rather than requiring consumers to come to a centralized location, an important factor for the often migrant population that the program serves.
- **Integrated Service Delivery** – CORE/CREO provides integrated services by coordinating with the consumer's FSP treatment team, and by linking individuals to any type of social service that they may need through intensive case management, including benefits, housing, and psychiatric support.

Key Successes

CORE/CREO is a new Innovation program and funded through the Local Innovation Fast Track (LIFT) mechanism to enhance the community's capacity to serve the most vulnerable of Yolo County consumers. CORE/CREO was successfully implemented during this last year and is ramping up its service delivery to consumers in remote locations.

Barriers or Challenges

The population that CORE/CREO serves is often difficult to engage because of both stigma in the community regarding mental illness, as well as the geographical barriers (e.g. rural/isolated settings), that makes traveling to and from other mental health services difficult.

FY 2014-15 Partners

Yolo HHSA partnered with CommuniCare Health Centers, Inc. to deliver the CORE/CREO program.

Fiscal Year 2015-16 Planned Activities and Modifications

- HHSA will continue the program as planned.

FY 2015-16 Projected Costs

- \$300,000 budget amount
- \$1,277 average per person cost



Housing Now

FY 2014-15 Status

- New program implemented in FY 2014-15.

Program Description

The purpose of Housing Now is to provide timely and comprehensive housing resource coordination and assistance to individuals in Yolo County with mental illness, in order to increase the number of individuals who retain stable housing, reduce homelessness, reduce the number of client contact with crisis and law enforcement services, and improve clients' general health. The target population is Yolo County's homeless residents with mental illness. Clients may be referred by County, community organizations or partners, or self-referral.

Populations Served in FY 2013-14

- N/A; New program

Key Activities in FY 2014-15

- Provided housing resource coordination and assistance services to individuals in Yolo County who have mental illness.
- Used evidence based practices in client care
- Trained new and ongoing staff, in evidence-based practices and cultural competency
- Maintained a collaborative relationship with Yolo County Housing Authority
- Met with low income housing providers in Yolo County monthly
- Contacted local apartment managers for lists of vacancies at least monthly
- Created spreadsheets and information sheets about the types of housing available and updated monthly
- Created and maintained a contact log for all community housing providers and update the log monthly
- Made spreadsheets, information sheets, and contact log available for review by County upon request
- Met with each client to develop a housing plan and provide referrals to available, appropriate vacancies. The housing plan included the client's desired housing situation, strengths, activities needed to accomplish their goal, and duration. The plan is updated at least monthly to include progress notes on client progress in achieving housing goal and to adapt the plan and activities as needed.
- Provided necessary assessment and referral for individuals who may be eligible for subsidies or permanent supported housing.
- Provided assistance with move-in/move-out needs and application fees.
- Increased retention of housing for persons with mental illness



- Provided housing advocacy assistance for clients who request it
- Provided linkages to community resources and support
- Services were culturally competent, provided in English, Spanish, and (if needed) Russian
- Held regular office hours for appointments and drop in services for clients and family members.

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – All Housing Now activities incorporated the principles of wellness, recovery, and resiliency helping remove barriers, such as lack of housing, that keep individuals from moving forward with their recovery.
- **Consumer/Family-Driven Services** – Housing Now provides services that are tailored to the individual's unique needs and goals. They also engage the consumer's family, when appropriate, to help support the consumer's recovery.
- **Cultural Competency** – The program focuses on the unique cultural situation of its population. Program staff receive ongoing training in cultural competency.
- **Community Involvement** – Outreach and engagement take place in the community, rather than requiring consumers to come to a centralized location. Additionally, the program helps the consumer engage in his or her community through housing advocacy activities, and linkages to community resources and supports.
- **Integrated Service Delivery** – By integrating housing into mental health programming HHSA attempts to ensure that the most basic need of stable housing for consumers is met. Housing Now works to ensure that those suffering from mental illness have adequate housing, which helps to provide stability and subsequently allows consumers to focus on addressing their mental health needs.

Key Successes

Housing Now is a new Innovation program and funded through the Local Innovation Fast Track (LIFT) mechanism to enhance the community's capacity to serve the most vulnerable of Yolo County consumers. Housing Now was successfully implemented during this last year and is ramping up its service delivery to consumers in the next fiscal year.

Barriers or Challenges

It is often difficult to engage those who are suffering from mental illness and homelessness due to their transitory and unstable environments. Additionally, stigma regarding homelessness and mental illness and a lack of trust between the population and those who have attempted to work them in the past (e.g. law enforcement) has made engaging this community difficult.

FY 2014-15 Partners

Yolo HHSA partnered with Yolo Community Care Continuum to deliver Housing Now services.



Fiscal Year 2015-16 Planned Activities and Modifications

- HHSA will continue the program as planned.
- HHSA is working to improve linkage to Safe Harbor for homeless who are not admitted to the emergency room.
- HHSA plans to improve dissemination of information on resources to homeless at the emergency room.

FY 2015-16 Projected Costs

- \$100,000 budget amount
- \$1,176 average per person cost

Workforce, Education, and Training (WET)

Intern Therapy for Older Adults

FY 2013-14 Status

- Intern Therapy for Older Adults is working toward its stated objectives.

Program Description

To complement a continuum of services available to the aging and older adult population, Yolo HHSA will continue its 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 HHSA will ensure that Practicum and Intern Therapists receive the required level of clinical supervision and training. In order to implement this program, Yolo HHSA may need to hire one additional clinical staff trained in gerontological mental health to supervise Intern Therapists.

Key Activities in FY 2013-14

- Screening and assessments were developed for mental health issues in Older Adults.



Yolo County Health and Human Services Agency

MHSA Annual Update for FY 2015-16

- 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 were included.
- Home and community-based services to provide mental health treatment services were developed and expanded.
- Referrals and linkages were provided 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 was improved.

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – Intern Therapy for Older Adults promotes wellness, recovery, and resilience by increasing the number of available clinically trained persons who specialize in working with Older Adults and be able to address the specific needs related to aging.
- **Consumer/Family-Driven Services** – Intern Therapy for Older Adults focuses on the needs of Older Adults above all other motivations and explores ways to increase the availability of mental health professionals with specialized training in Older Adult health. Therapists with this training tailor their approaches to address the needs of Older Adults who suffer from issues of depression, isolation, and other health and mental health concerns.
- **Cultural Competency** – Yolo HHS Intern Therapy for Older Adults is designed to recruit clinically trained health professionals with experience and training in working with Older Adults. The aim is to provide specialized services in a competent manner to Older Adults living in Yolo County.
- **Community Involvement** – Intern Therapy for Older Adults plans to collaborate with Senior Peer Counselors in reaching out to and engaging the Older Adult community in helping to address their mental health needs. Additionally, services will be provide both in the home and through community-based partners to ensure the Older Adult community receives appropriate care that places limited burden upon them.
- **Integrated Service Delivery** – Intern Therapy for Older Adults aims to increase the mental health professionals who have experience and training in the older adult arena. As part of the service delivery, referrals and linkages are provided to other community-based providers for needed social services and primary care. Additionally, intern therapists will provide psychotherapeutic services that draw upon a transtheoretical framework that spans social gerontology, developmental, and health psychology.

Key Successes

Yolo HHS has strategized on best methods to recruit interns for the program, including exploring partnerships with University of California, Davis.



Barriers or Challenges

As with any staff capacity improvement initiative, Yolo HHSA is anticipating difficulties in recruiting doctoral interns who are willing to relocate to Yolo County.

FY 2013-14 Partners

No partners were identified for years 2013-2014.

Fiscal Year 2015-16 Planned Activities and Modifications

- Yolo HHSA plans to increase outreach efforts to University of California, Davis to recruit interns.

FY 2015-16 Projected Costs

- \$35,000 budget amount

Psychiatric Residency Program Development

FY 2013-14 Status

- Psychiatric Residency Program Development is working toward their objectives.

Program Description

Like many California Counties, Yolo County is experiencing a workforce shortage in psychiatrists. In order to address the workforce shortage, Yolo HHSA 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 HHSA. Psychiatry Residents would be supervised by the Yolo County HHSA, Alcohol, Drug, and Mental Health Branch 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 HHSA clients.

Key Activities in FY 2013-14

Yolo HHSA has identified a point of contact at the University of California, Davis to assist in planning for a psychiatric residency program.

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – Psychiatric Residency Program Development aims to increase the number of medically trained persons who specialize in mental health. The program



aspires to increase the number of available clinical staff in Yolo in order to improve wellness, recovery, and resiliency of mental health consumers in Yolo County.

- **Consumer/Family-Driven Services** – Psychiatric Residency Program Development hopes to expand available clinical staff in Yolo County to work with consumers and their families in an individualized, consumer driven fashion. Increasing the number of available psychiatric health professionals would allow for improved consumer/family-driven service delivery.
- **Cultural Competency** – Psychiatric Residency Program Development is designed to recruit psychiatric health professionals who are culturally competent to provide mental health services to consumers in Yolo County.
- **Community Involvement** – Psychiatric Residency Program Development is a vehicle to allow for more collaboration with University partners. Additionally, this idea was generated by stakeholders in the CPP process for the Three-Year Program and Expenditure Plan 2014-2017, and continues to be a high priority service for HHSA to implement.
- **Integrated Service Delivery** – Psychiatric Residency Program Development aims to increase the number of mental health professionals who have experience and training to provide a seamless continuum of integrated service delivery.

Key Successes

Yolo HHSA has strategized on best methods to recruit psychiatric residents for the program, including exploring partnerships with the University of California, Davis Medical School.

Barriers or Challenges

Yolo HHSA is anticipating difficulties in recruiting interested persons in pursuing the residency program and who will remain in Yolo County. Because of the competitiveness of residency placements, Yolo County HHSA has had a difficult time attracting psychiatric students.

FY 2013-14 Partners

Yolo HHSA did not have any partners in 2013-2014.

Fiscal Year 2015-16 Planned Activities and Modifications

Yolo HHSA will increase outreach efforts to UC Davis, and will explore including a Psychiatric/Mental Health Nurse Practitioners option into program development.

FY 2015-16 Projected Costs

- No planned costs in FY 15-16.



Student Loan Repayment & Tuition Reimbursement

FY 2013-14 Status

- The Student Loan Repayment and Tuition Reimbursement program is continuing to work toward its stated objectives.

Program Description

The Student Loan Repayment and Tuition Reimbursement program is intended to support retention of HHS staff to repay student loans or be 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 was a modification to this WET program included in the Three-Year Program and Expenditure Plan for 2014-2017.

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 HHS staff:

1. **Student Loan Repayment**, a continuing component of this WET program, is specifically for Yolo County HHS 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** was a new component to this WET program incorporated into the Three-Year Program and Expenditure Plan for 2014-2017. Tuition reimbursement expands the types of HHS staff who are eligible to receive financial assistance to continue or complete a degree. Specifically, Tuition Reimbursement provides career pathways for HHS staff to grow into positions that require college degrees. Family members and consumers who are HHS 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.

Key Activities in FY 2013-14

Yolo HHS advertised the program and reimbursed staff's tuition and loan repayment when they signed up for the program.



MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – Student Loan and Tuition Reimbursement aims to increase the number of mental health professionals in Yolo County who can work with consumers in promoting their wellness, recovery, and resiliency.
- **Consumer/Family-Driven Services** – Student Loan and Tuition Reimbursement also allows family members of HHSA staff to receive tuition reimbursement in order to improve HHSA's and the County's capacity to work with those suffering from mental health issues in a consumer/family-driven fashion.
- **Cultural Competency** – Student Loan and Tuition Reimbursement is designed to provide support to a diverse group of interested staff and their family members eligible to receive reimbursement. Reaching out to a diverse group will allow HHSA to ensure that the County has staff with relevant cultural competency to meet the mental health needs of our diverse County.
- **Community Involvement** – The Student Loan and Tuition Reimbursement program facilitates staff's ability to work in programs that promote community involvement and expands HHSA's capacity to meet the needs of mental health consumers in the community.
- **Integrated Service Delivery** – Student Loan and Tuition Reimbursement aims to increase the mental health professionals with higher education to ensure high caliber services are provided in an integrated fashion.

Key Successes

Yolo HHSA recognized an additional opportunity to expand and advertise the program during staff orientation and at staff meetings.

Barriers or Challenges

Yolo HHSA realized that some staff were unaware of the availability of the program and is working to improve dissemination of the program's availability.

FY 2013-14 Partners

No partners were identified in 2013-2014.

Fiscal Year 2015-16 Planned Activities and Modifications

HHSA will work internally with its Human Resources branch to incorporate information about the program and instructions to enroll in every new employee's orientation handbook as part of new employee's onboarding process.

FY 2015-16 Projected Costs

- \$22,000 budget amount



Mental Health Professional Development

FY 2013-14 Status

- Mental Health Professional Development met its objectives.

Program Description

Mental Health Professional Development provides Yolo HHS 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 HHS 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 HHS 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 HHS 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 HHS will dedicate resources to updating Yolo211, HHS's website, county crisis cards, and other brochures.

Key Activities in FY 2013-14

- Yolo HHS reorganized and re-established a Cultural Competency Committee, which in turn is developing a new Cultural Competency Plan and curriculum to train staff and partners.
- Yolo HHS provided evidence-based and clinical trainings to staff and utilized new training methodologies in the form of E-Learning.

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – Mental Health Professional Development aims to improve the professional development of HHS, using evidence-based practices to assist mental health consumers in the best way possible to maintain their wellness, recovery, and resiliency.
- **Consumer/Family-Driven Services** – Mental Health Professional Development allows HHS to use the most up-to-date evidence-based practices and programs to ensure that services are provided in a consumer/family-driven fashion.



Yolo County Health and Human Services Agency

MHSA Annual Update for FY 2015-16

- **Cultural Competency** – Mental Health Professional Development seeks out trainings and educational resources that are culturally competent for all direct service providers. By doing so HHSA ensures that staff, providers, consumers, family members, and the community have the most recent and comprehensive guides and resources available to them.
- **Community Involvement** – Mental Health Professional Development is designed to disseminate information community-wide throughout Yolo County to ensure that the most accurate and up-to-date trainings and resources are available to the community.
- **Integrated Service Delivery** – Mental Health Professional Development allows Yolo HHSA to provide trainings to clinical and front-office staff in order to ensure awareness of the most evidence-based practices. In addition, customer service and de-escalation training was prioritized for HHSA front office staff to better support service delivery.

Key Successes

Yolo HHSA expanded upon the Quality Improvement department by hiring new staff. Additionally, Yolo HHSA hired a WET Coordinator in the last fiscal year. The WET Coordinator and Human Resources Department developed additional career-track Peer Navigator positions.

Barriers or Challenges

Yolo HHSA has done a tremendous job in improving the number and types of trainings received by their staff. However, Yolo HHSA has recognized a need to increase access for individuals to these evidence-based practices through online journal and training access.

FY 2013-14 Partners

Whenever possible, staff trainings were opened and advertised to community provider partners, at no charge to participants.

Fiscal Year 2015-16 Planned Activities and Modifications

- Yolo HHSA plans to explore additional Specialty Clinical Training with regard to current consolidation efforts.
- Yolo HHSA will consider obtaining journal access to ensure they have the knowledge of latest research and evidence-based practices.
- Yolo HHSA will develop a disaster mental health training for staff and community partners to better respond during and after an emergency or natural disaster.

FY 2015-16 Projected Costs

- \$90,000 budget amount



Capital Facilities and Technology Needs (CFTN)

For every Capital Facilities and Technological Needs (CFTN) expenditures, California Counties are required to have on file a completed CFTN Component Proposal. At the end of the service descriptions for each of the Capital Facilities and Technological needs expenditures below, attached is the full CFTN Component Proposal originally created by the California Department of Mental Health and now overseen by the California Department of Health Care Services.

Capital Facilities

FY 2013-14 Status

HHSA has met its CFTN objectives in FY 2013-14.

Program Description

Yolo HHSA has amended its Three-Year Program and Expenditure Capital Facilities plan to include several projects that will expand the reach of mental health services in the county. Currently, HHSA plans to make upgrades to its current Wellness center, including a conventional kitchen and food preparation area (refrigerator, sink, dishwasher, stove, oven) that will enhance life-skills training for consumers. HHSA 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.

Key Activities in FY 2013-14

- HHSA procured an architect and plans for the Woodland Wellness remodel.
- HHSA has identified space at its West Sacramento offices to re-open a Wellness Center for consumers living in that region of the county; preliminary discussions to expand the West Sacramento Wellness Center are underway.

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – Capital Facilities and Technology Needs aims to ensure that mental health consumers have access to the infrastructure that meets their needs and promotes wellness, recovery, and resiliency.
- **Consumer/Family-Driven Services** – Capital Facilities and Technology Needs allows HHSA to develop infrastructure that supports consumer/family-driven services and addresses the needs of mental health consumers in Yolo County.
- **Cultural Competency** – Capital Facilities and Technology Needs seeks out the necessary infrastructure to allow HHSA staff to respond in culturally appropriate ways and provides the needed services to a diverse mental health consumer population.
- **Community Involvement** – Capital Facilities and Technology Needs works on creating and developing infrastructure and spaces that are open and welcoming to the mental health



consumer community in Yolo County. By creating spaces that are welcoming and receptive to the community's needs, HHSA can improve the involvement and engagement of the community.

- **Integrated Service Delivery** – Capital Facilities and Technology Needs allows for HHSA to streamline and integrate their service delivery structure.

Key Successes

HHSA has made plans for and is moving forward with the Woodland Wellness Center remodel, completion of which is scheduled for March 2016.

HHSA has entered preliminary discussions to expand and reopen the West Sacramento Wellness Center, located at the Triangle Court facility.

Barriers or Challenges

Yolo HHSA has encountered challenges in securing sites for new Wellness Centers in Davis for TAY due to CFTN compliance requirements, but continues to explore opportunities to address this request.

FY 2013-14 Partners

No partners were identified in 2013-2014.

Fiscal Year 2015-16 Planned Activities and Modifications

- HHSA plans to remodel the Woodland Wellness Center to be more welcoming for mental health consumers.
- HHSA plans to open a West Sacramento Wellness Center in fall 2015 to improve access to services for communities in the area, and complete the Wellness Center expansion project in 2016.

FY 2015-16 Projected Costs

- \$500,000 budget amount

Technological Needs

FY 2013-14 Status

HHSA has met its CFTN objectives in FY 2013-14.

Program Description

Key Activities in FY 2013-14

- Telepsychiatry program was established and proceeded with implementation.



MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – Capital Facilities and Technology Needs aims to ensure that mental health consumers have access to technologies that meets their needs and promotes wellness, recovery, and resiliency.
- **Consumer/Family-Driven Services** – Capital Facilities and Technology Needs allows HHSA to develop infrastructure that supports consumer/family-driven services and addresses the needs of mental health consumers in Yolo County.
- **Cultural Competency** – Capital Facilities and Technology Needs seeks out technology that allows for HHSA staff to respond in culturally appropriate ways and provides the needed services to a diverse mental health consumer population.
- **Community Involvement** – The technological improvements proposed in this plan amendment are developed in response to the community's needs and requests for greater access to services. Continuation of Electronic Health Record implementation will help facilitate greater involvement of consumers and their designated family members in the direction of their Wellness and Recovery Action Plan and treatment plan.
- **Integrated Service Delivery** – Capital Facilities and Technology Needs allows for HHSA to streamline and integrate their service delivery structure. For example by developing a County electronic health record, HHSA is able to track and log information which can be used by other services providers. This will be particularly useful under the consolidation efforts across HHSA.

Key Successes

Yolo HHSA Information Technology unit purchased and deployed 64-bit workstations and servers, implemented electronic signature pads, and implemented Electronic Prescribing. Document imaging hardware has been installed and document imaging project has commenced.

Yolo HHSA acquired a Telepsychiatry Mobile unit (van) and hired a telepsychiatry staff coordinator.

Barriers or Challenges

Yolo HHSA is having technical difficulties with telepsychiatry equipment working in rural areas where network signal strength is weak, and is in the process of securing additional technical equipment to overcome this barrier.

FY 2013-14 Partners

No partners were identified in 2013-2014.

Fiscal Year 2015-16 Planned Activities and Modifications

- HHSA Information Technology unit is testing telepsychiatry equipment and is working on improving signal strength in rural areas; final equipment purchase will not be made until signal strength problems have been resolved.



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MHSA Annual Update for FY 2015-16

- HSA Information Technology unit will continue document imaging project.
- HSA Information Technology unit will implement Meaningful Use modules: CareConnect, MyHealthPointe.
- Technological Needs Project Phase III to commence in FY 15-16, with system enhancements to include: virtual environment technology (Virtual Moves) to enhance system security and configurability; Maintenance Service Organization program to streamline contract authorization process; Avatar ASI--Addiction Severity Index—program enhancement for use with AOD clients; Netsmart Sword & Shield, offering high-tech security enhancements and HIPAA protections for Avatar Medical Records System.

FY 2015-16 Projected Costs

- \$634,866 budget amount

Please see the Capital Facilities and Technological Needs Component Proposal beginning on the following page.

Component Exhibit 1

Capital Facilities and Technological Needs Face Sheet

**MENTAL HEALTH SERVICES ACT (MHSA)
THREE-YEAR PROGRAM and EXPENDITURE PLAN
CAPITAL FACILITIES and TECHNOLOGICAL NEEDS COMPONENT
PROPOSAL**

County:

Date: August 5, 2015

County Mental Health Director:

Printed Name: KAREN LARSEN

Signature: _____

Date: _____

Mailing Address: YOLO COUNTY HEALTH AND HUMAN SERVICES AGENCY

137 N COTTONWOOD ST., SUITE 2500

City WOODLAND State California Zip code: 95695

Phone Number: +1 (530) 666-8651 Fax: +1 (530) 666-8294

Email: Karen.Larsen@yolocounty.org

Contact Person: Joan Beesley, MHSA Manager

Phone: +1 (530) 666-8536 Fax: +1 (530) 666-8294

Email: Joan.Beesley@yolocounty.org

Component Exhibit 1 (continued)

COUNTY CERTIFICATION

I hereby certify that I am the official responsible for the administration of Community Mental Health Services in and for

Yolo

County and that the following are true and correct:

This Component Proposal is consistent with the Mental Health Services Act.

This Capital Facilities and Technological Needs Component Proposal is consistent with and supportive of the standards set forth in Title 9, California Code of Regulations (CCR) Section 3320.

The County certifies that if proposing technological needs project(s), the Technological Needs Assessment, including the Roadmap for moving toward an Integrated Information Systems Infrastructure, will be submitted with the first Technological Needs Project Proposal.

This Component Proposal has been developed with the participation of stakeholders, in accordance with Title 9, CCR Sections 3300, 3310, and 3315, and with the participation of the public and our contract service providers. The draft local Capital Facilities and Technological Needs Component Proposal was circulated for 30 days to stakeholders 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.

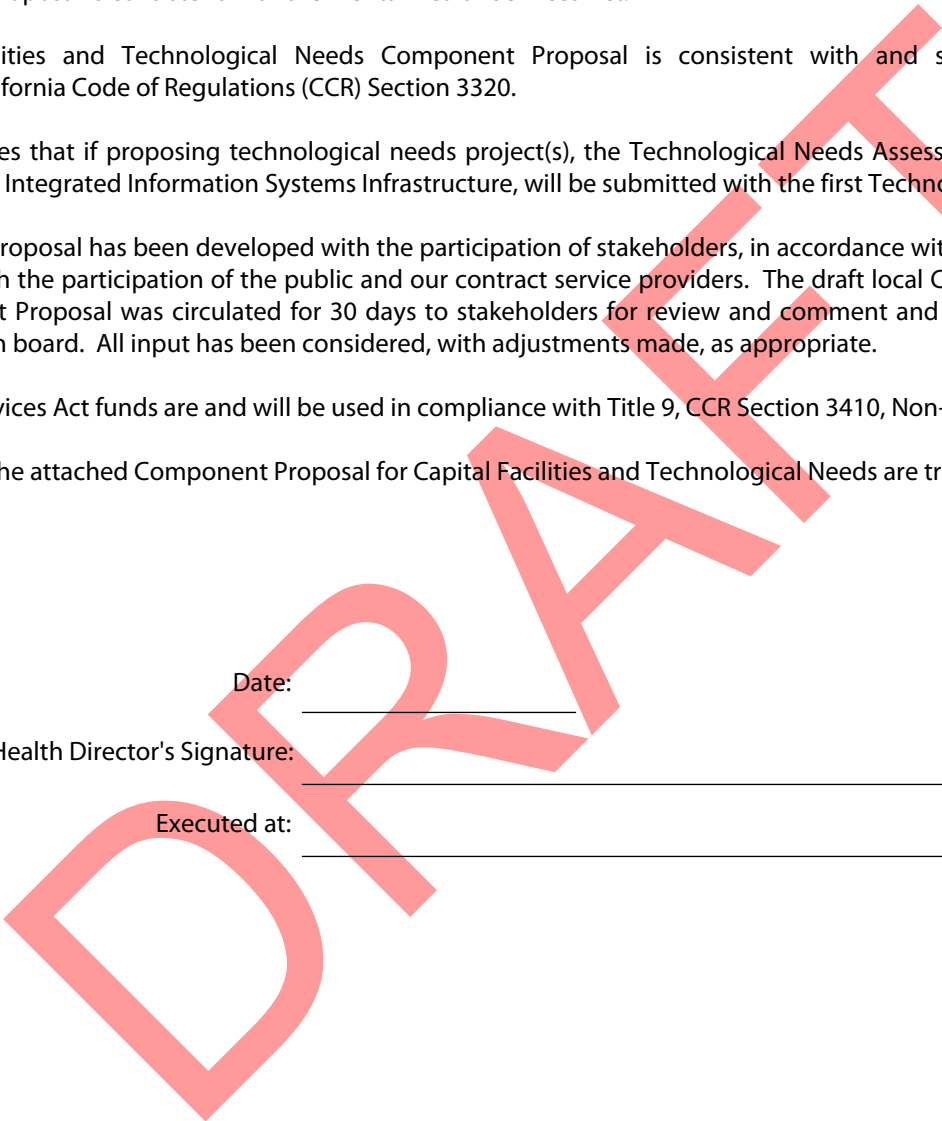
Mental Health Services Act funds are and will be used in compliance with Title 9, CCR Section 3410, Non-Supplant.

All documents in the attached Component Proposal for Capital Facilities and Technological Needs are true and correct.

Date:

Local Mental Health Director's Signature:

Executed at:



Component Exhibit 2

COMPONENT PROPOSAL NARRATIVE

County YOLO

1. Framework and Goal Support

Briefly describe: 1) how the County plans to use Capital Facilities and/or Technological Needs Component funds to support the programs, services and goals implemented through the MHSA, and 2) how you derived the proposed distribution of funds below.

Proposed distribution of funds:

Capital Facilities	\$ 500,000	_____	or	_____	%
Technological Needs	\$ 620,884	_____	or	_____	%

Proposed distribution of funds was based on (1) cost of needed IT enhancements to fulfill YTIP project goals; and (2) stakeholder support for various Capital Facilities projects in the coming fiscal year. Over \$200,000 has already been expended on YTIP Phase I and Phase II.

2. Stakeholder Involvement

Provide a description of stakeholder involvement in identification of the County's Capital Facilities and/or Technological Needs Component priorities along with a short summary of the Community Program Planning Process and any substantive recommendations and/or changes as a result of the stakeholder process.

In the course of the Community Planning Process, stakeholders noted and supported the concept of using MHSA Capital Facilities funding to expand and renovate the MHSA Adult Wellness Center, located at the Bauer Building, 137 N. Cottonwood St., Woodland, in Suite 1506. Stakeholders acknowledged that the center lacks food preparation, cooking, dish-washing and cleaning areas, which facilities are necessary in order to enhance life-skills training for all clients living independently, or those moving toward independent living. Stakeholders (as well as Local Mental Health Board members) favored adding as many appliances to the plan as building plans would permit. As a result, a standard dishwasher and standard range were added to the plan. Stakeholders favored expansion and renovation of the MHSA Adult Wellness Center, but they were clear that Yolo MHSA should open Wellness Center facilities in both West Sacramento and Davis. Also, stakeholders indicated support for the Davis Wellness Center to be dedicated to the Transition-Age Youth (TAY) population. Within the MHSA Program and Expenditure Plan, Yolo County stakeholders and Board of Supervisors supported a budget of \$500,000 for Capital Facilities improvements to be made over the three-year period of ending June 30, 2017. In addition, stakeholders and Local Mental Health Board members were generally approving of Technological Needs purchases outlined by the IT Department, especially those programs necessary in facilitating more sophisticated analysis of services rendered to clients and monitoring of their progress.

Component Exhibit 3

COMPONENT PROPOSAL: CAPITAL FACILITIES NEEDS LISTING

County:

Please list Capital Facility needs (ex: types and numbers of facilities needed, , possible County locations for needed facilities, MHSA programs and services to be provided, and target populations to be served, etc.) See example table below.

Type of Facility	Number of Facilities Needed	County Location for Needed Facility	MHSA Programs & Services to be Provided	Target Populations to be Serviced
MHSA Wellness Center Woodland, CA	1	City of Woodland	Job readiness, self-care, life-skills, co-occurring disorder, FSP	SMI Adults, primarily; also interested TAY and OA clients.
Clinic offices/rooms for primary care physicians	1	City of Woodland	Co-location of primary care with psychiatric services	SMI Adults, primarily; also TAY and OA clients.
MHSA Wellness Center West Sacramento, CA	1	City of West Sacramento	Job readiness, self-care, life-skills, co-occurring disorder, FSP	SMI Adults, primarily; also interested TAY and OA clients.
MHSA Wellness Center Davis	1	City of Davis	Job readiness, self-care, life-skills, co-occurring disorder, FSP	SMI Transition-Age Youth clients.

Component Exhibit 4

COMPONENT PROPOSAL: TECHNOLOGICAL NEEDS LISTING

County:

Please check-off or more of the technological needs which meet your goals of modernization/transformation or client/family empowerment as your county moves toward an Integrated Information Systems Infrastructure. Examples are listed below and described in further detail in Enclosure 3. If no technological needs are identified, please write "None" in the box below and include the related rationale in Exhibit 1.

Electronic Health Record (EHR) System Projects (check all that apply)

- Infrastructure, Security, Privacy
- Practice Management
- Clinical Data Management
- Computerized Provider Order Entry
- Full EHR with Interoperability Components (for example, standard data exchanges with other counties, contract providers, labs, pharmacies)

Client and Family Empowerment Projects

- Client/Family Access to Computing Resources Projects
- Personal Health Record (PHR) System Projects
- Online Information Resource Projects (Expansion / Leveraging information sharing services)

Other Technology Projects That Support MHSA Operations

- Telemedicine and other rural/underserved service access methods
- Pilot projects to monitor new programs and service outcome improvement
- Data Warehousing Projects / Decision Support
- Imaging / Paper Conversion Projects
- Other (Briefly Describe)

Enclosure 2
Exhibit 1

Face Sheet

Capital Facilities Project Proposal

MENTAL HEALTH SERVICES ACT (MHSA) THREE-YEAR PROGRAM and EXPENDITURE PLAN CAPITAL FACILITIES PROJECT PROPOSAL

County Name: YOLO Date: 08-05-2015

Project Name: MHSA ADULT WELLNESS CENTER RENOVATION

County Mental Health Director

Name: KAREN LARSEN, BRANCH DIRECTOR

Address: YOLO COUNTY HEALTH AND HUMAN SERVICES AGENCY, 137 N COTTONWOOD ST., SUITE 2500

City: WOODLAND State: CA Zip Code: 95695

Phone: (530) 666-8651 Fax: (530) 666-8294

Email: Karen.Larsen@yolocounty.org

Signature: _____ Date: _____

Contact Name and Informaton

Name: JOAN BEESLEY, MHSA MANAGER

Phone: (530) 666-8536 Fax: (530) 666-8294

Email: Joan.Beesley@yolocounty.org

County Certification

I hereby certify that I am the official responsible for the administration of Community Mental Health Services in and for
Yolo County and that the following are true and correct:

1. The County has applied for Mental Health Services Act (MHSA) Capital Facilities Funds to:

Renovate Purchase and / or Construct a building at:

Renovation is of Suite 1506, located at
 137 N. COTTONWOOD ST., WOODLAND, CA 95695

2. The Intended use of this building is :

Suite 1506 is the MHSA Adult Wellness Center; renovation is intended to expand/improve this MHSA program.

3. All necessary outside sources of funding have been secured and the MHSA Capital Facilities Funds requested in this Project Proposal will only be used to purchase, construct and / or renovate those portions of the property that will be used for the provision of MHSA Services.
4. The building will be used to provide MHSA funded services and will expand the County's ability to provide mental health Services.
5. For acquisition/construction Yolo County will be the owner of record.
6. For any proposed renovations to privately owned buildings, the building is dedicated and used to provide MHSA services and the costs of renovation are reasonable and consistent with what a prudent buyer would incur.
7. This building will be dedicated to the provision of MHSA services for a minimum of 20 years.
8. Compliance with the procurement procedures pursuant to the California Government and Public Contract Code were followed when Capital Facilities funds were used to renovate buildings owned by private entities.
9. The County will comply with federal, state, and local procedures for procuring property, obtaining consulting services, and awarding contracts for any acquisition, construction, or renovation project using Capital Facilities
10. The building will comply with all relevant federal, state, and local laws and regulations, including, but not limited to zoning, building codes and requirements, fire safety requirements, environmental reports and requirements, hazardous materials requirements, the Americans with Disabilities Act requirements, California Government Code Section 11135 and other applicable requirements.
11. Yolo County agrees to maintain and update the building as necessary for a minimum of twenty years without requesting additional State General Fund funds to do so.
12. Mental Health Services Act funds were used in compliance with Title 9 California Code of Regulations (CCR) Section 3410, Non-Supplant.

- 13. The County certifies it has adequate resources to complete its Roadmap for moving toward an Integrated Information Systems Infrastructure through an EHR, as described in the Technological Needs portion of this Component.
- 14. This Project has been developed with the participation of stakeholders, in accordance with CCR Sections 3300, 3310, 3315 (b), the public and our contract service providers.
- 15. All documents in the attached Project Proposal for Capital Facilities funding for the project to purchase, renovate, and/or construct a building at 137 N. COTTONWOOD ST., SUITE 1506 in WOODLAND, California are true and correct.

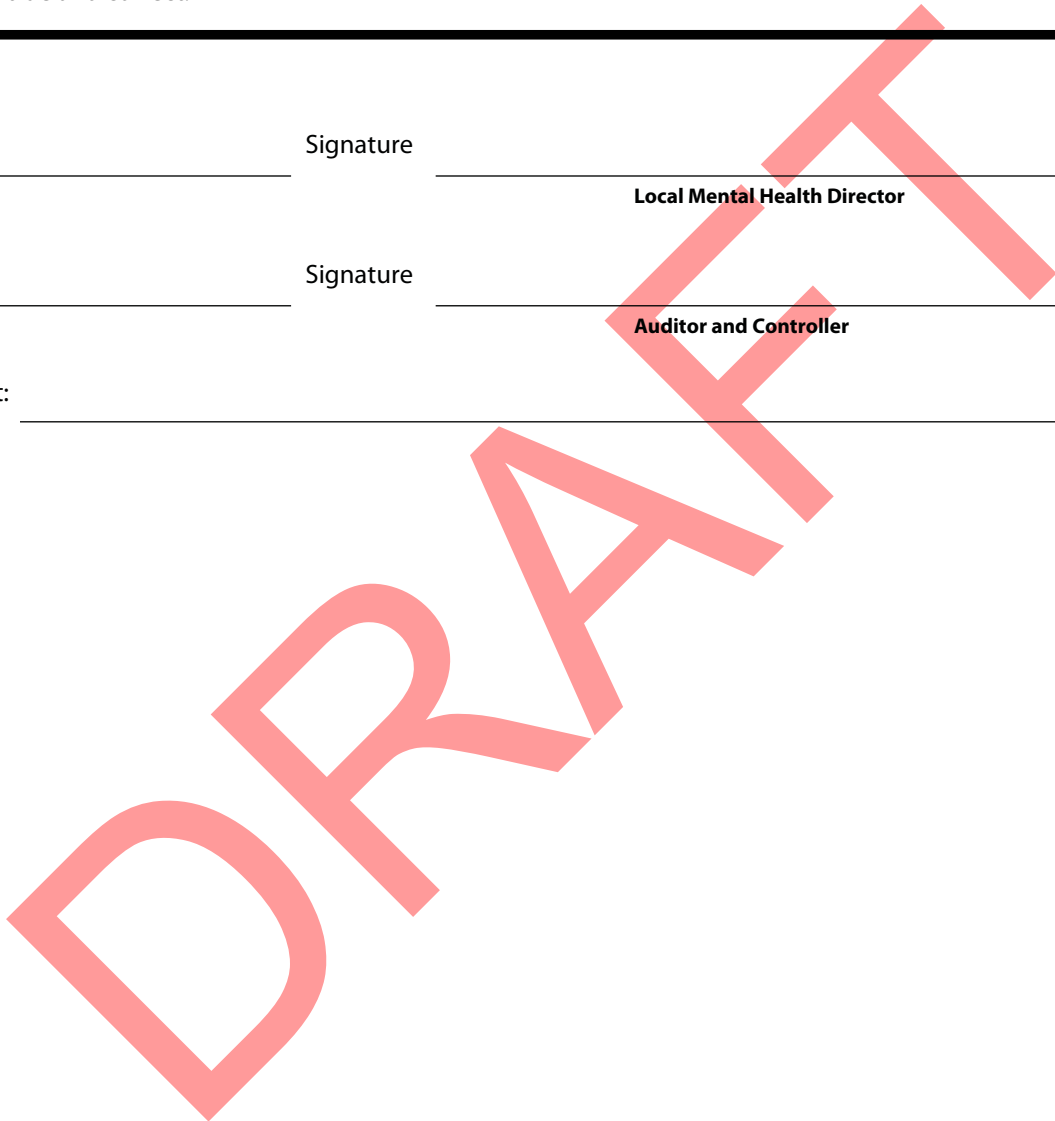
Date _____ Signature _____

Local Mental Health Director

Date _____ Signature _____

Auditor and Controller

Executed at: _____



Enclosure 2
Exhibit 2
Project Proposal Narrative

County Name: Yolo

Project Name: MHSA ADULT WELLNESS CENTER RENOVATION

1. Briefly describe stakeholder involvement in identification and development of the proposed Capital Facilities Project and how the requirements of Title 9, CCR Sections 3300 and 3315(b) were met. Submit documentation of the local review process including any substantive recommendations and/or revisions to the proposed Project.

If the proposed Project deviates from the information presented in the already approved Exhibits 2 and 3 of the Component Proposal, the County must describe stakeholder involvement and support for the deviation.

In September of 2013, Yolo County began its Community Stakeholder Program Planning for the purposes of drafting its MHSA Three-Year Program and Expenditure Plan for Fiscal Years 14-15, 15-16 and 16-17. In accordance with stakeholder input and community need, this MHSA Program and Expenditure Plan was publicly posted and presented to stakeholders on December 23, 2013 and after closing of the public comment period on January 23, 2014, a public hearing was held by the Local Mental Health Board. On February 11, 2014, the MHSA Three-Year Program and Expenditure Plan was accepted and approved by the Yolo County Board of Supervisors.

In the course of the Community Planning Process, stakeholders noted and supported the concept of using MHSA Capital Facilities funding to expand and renovate the MHSA Adult Wellness Center, located at the Bauer Building, 137 N. Cottonwood St., Woodland, in Suite 1506. Stakeholders acknowledged that the center lacks food preparation, cooking, dish-washing and cleaning areas, which facilities are necessary in order to enhance life-skills training for all clients living independently, or those moving toward independent living. Further, the Wellness Center needs additional walls to define the kitchen/food preparation area, as well as the re-purposing of space in order to serve more clients and allow direct access to the adjacent room (Bingham). In the Bingham Room, client groups are held, and the space affords clients a designated place for working on their Wellness Recovery Action Plans (WRAP).

In the Community Planning Process, stakeholders favored expansion and renovation of the MHSA Adult Wellness Center, as well as the development of a MHSA Capital Facilities Plan for Yolo County. Within the MHSA Program and Expenditure Plan, Yolo County stakeholders and Board of Supervisors supported a budget of \$500,000 for Capital Facilities improvements to be made over the three-year period of ending June 30, 2017. Per DMH Info Notice No. 08-09, Mental Health Services Act Capital Facilities and Technological Needs Component—Three-Year Program and Expenditure Plan Guidelines, at Enclosure 1, "Funding requests to support this Component Proposal will be made via Capital Facilities and/or Technological Needs Project Proposal(s)." For Fiscal Year 2012-13 and after, pursuant to SB 1467, all MHSA funding assigned to California counties is to be paid directly to counties by the California State Controller's Office; therefore, Yolo County MHSA is now custodian of its MHSA funding, including funds earmarked for Capital Facilities and Information Technology needs. Pursuant to guideline, local stakeholder support for Capital Facilities improvement plans and expenditure of these MHSA funds shall be documented in MHSA Capital Facilities Project Proposals, in the MHSA Program and Expenditure Plan, and in Annual Plan Updates.

In addition to expansion and renovation of the Woodland Wellness Center, stakeholders reintroduced the need for Wellness Center opportunities outside of Woodland. MHSA proposed the re-opening of the West Sacramento Wellness Center at the Triangle Court facility, which prospect was well-received by stakeholders. Yolo County MHSA is reviewing the feasibility of expansion of the West Sacramento Wellness Center, as will be addressed in the narrative of a subsequent Capital Facilities Project Proposal.

Yolo County Stakeholders further recognized the need for limited modification of existing offices in the Woodland Mental Health Clinic adjacent to the Wellness Center. These modifications, which will address the reconfiguration of certain clinic offices and space to better meet the needs of our clients, will be addressed in a subsequent Capital Facilities Project Proposal.

Also, stakeholders requested reopening of a MHSA Wellness Center specifically for Transition-Age Youth (TAY) clients in Davis. Although an appropriate location for this Wellness Center is not presently known, if suitable public property is located, renovation of the property may be addressed in a subsequent Capital Facilities Project Proposal.

With greater focus on the plan to renovate the MHSA Adult Wellness Center in Woodland, issues relating to various Wellness Center expansions/renovations and reconfiguration of space were examined during the Community Planning Process for the MHSA Annual Update for FY 15-16. Stakeholders were given specific details about the plan to renovate the center. Plans and modifications include:

- Enclose rear access and create a residential-type kitchen by re-purposing the adjacent single large restroom (previously, a clinic room used for drug testing) to accommodate refrigerator, sink, stove, oven and dishwasher, in order to support cooking and food preparation, nutrition classes, and other life skills instruction in/around a typical kitchen.
- Install a door from the Wellness Center to a small adjacent conference room to annex group meeting space for clients.
- Install high windows to allow the introduction of daylight into the Wellness Center and group room.
- Relocate the client computer bank and add one wheelchair-accessible workstation.
- Add electric circuits, cabinets and counters throughout the center and replace flooring.

Documentation of the local review process can be found in the MHSA Three Year Program and Expenditure Plan for Fiscal Years 14-15, 15-16 and 16-17 (see MHSA web page at www.yolocounty.org), as well as in the MHSA Annual Update for Fiscal Year 15-16.

2. Explain how the proposed Capital Facilities Project supports the goals of the MHSA and the provision of programs/services contained in the County's Three-Year Plan including consistency with the County's approved Capital Facilities segment of the Capital Facilities and Technological Needs Component.

As stated in Yolo County's original MHSA Three-Year Program and Expenditure Plan for FY 05-06, 06-07 and 07-08: "The Adult Wellness Alternatives program will help advance the goals of the MHSA by providing to adults with serious mental illnesses comprehensive community mental health services that are voluntary, client-directed, strength-based, built on principles of recovery and wellness, and delivered responsively and respectfully in the community in a manner sensitive to the cultural needs of each individual served... A center will be developed to interface the various supports and services... This center will be strategically located for easy access to other mental health and county resources and will be available for all consumers."

Further, the MHSA Three-Year Program and Expenditure Plan for FY 14-15, 15-16 and 16-17 states as follows: "[At] the Woodland Wellness Center... 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. In addition to the Woodland Wellness Center, Yolo ADMH intends to reestablish a Wellness Center for Adults in West Sacramento."

The proposed renovation of the MHSA Adult Wellness Center supports the goals of the Mental Health Services Act, and the provision of programs and services contained in our county's MHSA Plans, by allowing us to offer greater numbers of adult clients the opportunity to experience all aspects of our programming—from social/recreational services, to life skills, to group support and WRAP classes. In addition to helping us create a better equipped center that offers a variety of supports and services in a strategic location, these renovations will strengthen our ability to promote independence among our clients and to interface Wellness Recovery Action Planning (WRAP) with their individual treatment plans.

Installation of the kitchen and surrounding area will promote life-skills development and allow an appropriate space for nutrition education and cooking classes. Updating and relocation of client computers away from the food preparation area will reduce problems associated with proximity, noise, etc. Improved access to the group session/activity room will enhance the clients' sense of privacy and purpose. Installation of new non-industrial flooring and use of high windows to introduce natural sunlight are renovations likely to improve clients' attitude and increase their sense of self-worth.

By expanding the program offerings to clients, by increasing the space and capacity of the MHSA Adult Wellness Center in Woodland, and by improving the center's physical environment and amenities, we hope to support the goals of Yolo County's MHSA Adult Wellness Alternatives Program. Our enhanced goals, through this project, are to expand our clients' opportunities while offering a better place to build skills—a new space that will help each of them in their personal path to recovery.

-> When the renovation is for administrative services, describe how the administrative offices augment/support the County's ability to provide programs/services, as set forth in the County's Three-Year Plan.

N/A

-> When the Project involves renovation of a privately owned building, describe and explain the method used for protecting the County's capital interest in the renovation and use of the property.

N/A

2. Describe the intended purpose, including programs/services to be provided and the projected number of clients/individuals and families and the age groups to be served, if applicable. Complete all that apply.

Age Group	Projected Client/Family Capacity
<input type="checkbox"/> Children	_____
<input checked="" type="checkbox"/> TAY	_____
<input checked="" type="checkbox"/> Adults	75
<input checked="" type="checkbox"/> Older Adults	_____

The purpose of this project is to renovate the MHSA Adult Wellness Center, which provides consumer education, vocational skills, life-skills development, socialization and recovery service opportunities. Primarily, this program is open to adult clients of MHSA, aged 26-59; however, the center welcomes interested TAY and Older Adult clients, as well.

3. Provide a description of the Project location. If providing services to clients, describe the proximity to public transportation and the type of structures and property uses in the surrounding area.

The project is located near the west entrance of the Bauer Building, a county-owned building located at Suite 1506 of 137 N. Cottonwood St., Woodland. Within 1/2 block of this building is access to two major bus lines, a community clinic, offices for county health, mental health, social service and employment agencies, and housing for senior and disabled residents. Nearby, housing for FSP clients, veterans and homeless is in development.

4. Describe whether the building(s) will be used exclusively to provide MHSA programs/services and supports or whether it will also be used for other purposes.

- MHSA only
- MHSA and other services

Although the building will be used to provide various services in addition to MHSA programs/services, Suite 1506, the subject of this renovation, will be for MHSA only.

- > If the building will be used for other purposes, the description should indicate the percentages of space that will be designated for mental health programs/services and supports and for other uses.

Suite 1506 will be 100% dedicated to MHSA programs and services.

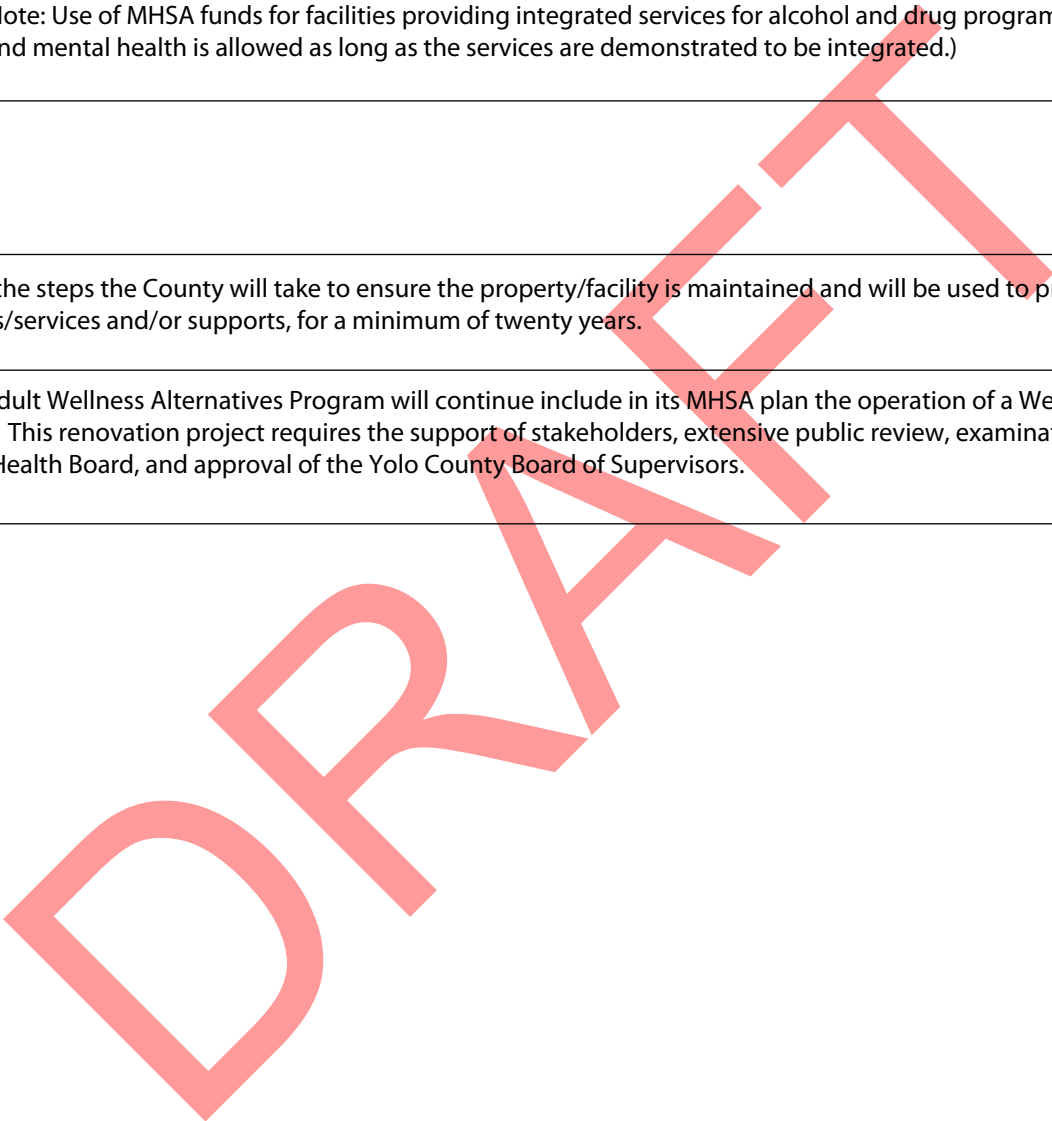
- > Explain the relationship between the mental health programs/services and supports and the other uses, i.e., co-located services.

(Note: Use of MHSA funds for facilities providing integrated services for alcohol and drug programs and mental health is allowed as long as the services are demonstrated to be integrated.)

N/A

5. Describe the steps the County will take to ensure the property/facility is maintained and will be used to provide MHSA programs/services and/or supports, for a minimum of twenty years.

MHSA Adult Wellness Alternatives Program will continue include in its MHSA plan the operation of a Wellness Center at this site. This renovation project requires the support of stakeholders, extensive public review, examination by the Local Mental Health Board, and approval of the Yolo County Board of Supervisors.



Additional Information:

1. Leasing (Rent) to Own Building

Provide justification why “leasing (rent) to own” the property is needed in lieu of purchase. Include a detailed description of length and terms of lease prior to transfer of ownership to the County.

N/A

2. Purchase of Land with No MHSA Funds Budgeted for Building/Construction

For purchase of land with no MHSA funds budgeted for construction/building, explain this choice and provide a timeline with expected sources of income for construction or purchasing of building upon this land and how this serves to increase the County's infrastructure.

N/A

3. Restrictive Settings

Submit specific facts and justifications that demonstrate the need for a building with a restrictive setting, as described on page 4. (Must be in accordance with WIC Section 5847 (a) (5))

N/A

Enclosure 2
Exhibit 4
Capital Facilities Project Proposal Fact Sheet

County Name: YOLO

Project Name: MHSA ADULT WELLNESS CENTER RENOVATION

Project Address: 137 N. COTTONWOOD ST., SUITE 1506
WOODLAND, CA 95695

Project Information

- New Construction
- Acquisition of an existing structure
- Acquisition and renovation of an existing structure
- Renovation of a County owned structure
- Renovation of a privately owned structure
- Purchase of Land
- Lease(rent) to own

Intended Use: MHSA Wellness Center

- Mental Health only (Includes facilities for integrated mental health substance abuse treatment)
- Mental Health and other

Amount of Capital Facilities funds requested in this Project Proposal	<u>261,000</u>
CSS Capital Facilities funds requested in this Project Proposal	<u>20,000</u>
Total	<u>281,000</u>

Priority Population (please check all that apply)

- Children
- Transition Age Youth
- Adults
- Older Adults
- N/A (Office Space)

If applicable, projected number of mental health clients, including their families, to be served monthly. _____ 500

- Provide new services
- Expand services

Please provide brief description below

The focal population of the Wellness Center is MHSA Adult FSP and GSD clients; however, TAY and Older Adult clients may participate. The renovations will increase capacity and space, allowing for expanded program opportunities for social/recreational services, life skills, group support and WRAP classes--all intended to promote wellness and independence.

Enclosure 2
EXHIBIT 5
SAMPLE BUDGET SUMMARY
For Each Capital Facilities Project Proposal

County Name: YOLO

Project Name: MHSA ADULT WELLNESS CENTER RENOVATION

The sample project budget allows Counties to summarize proposed expenditures for each Project by type of expenditure for each fiscal year. Based upon the Project a County may wish to submit a modified budget summary that more closely reflects the County Capital Facilities Project Proposal.

Expenditures and request for funds. Expenditures for the proposed Project should be easily identified and related to the project description. Total estimated Project expenditures are offset by any estimated other funding sources to compute the net MHSA funding requirements. Complete a separate Project budget for each proposed project. The sum of all Project budgets should not exceed the total Capital Facilities and Technological Needs Planning Estimate identified for the County. MHSA funds dedicated to the Capital Facilities and Technological Needs Component must be used within ten years or they will revert back to the State MHS Fund for redistribution to all Counties.

(in Thousands of \$)

Expenditure Category	(1) Capital Facilities Funds	(2) CSS Capital Facilities Funds	(3) Other Funding Sources	(4) Total (1+2+3)
A. Project Expenditures				
1. Acquisition of Land (including deposits)	0	0	0	0
2. Acquisition of Existing Structures	0	0	0	0
3. Survey & Soil Investigation	0	0	0	0
4. Appraisal	0	0	0	0
5. Cal-EPA	0	0	0	0
6. Architectural & Engineering (A&E) Expenditures				
a. Plan Check Fees, Permits, etc.	5	0	0	5
b. Contract Architect	38	0	0	38
c. Contract Engineer	23	0	0	23
d. Other A&E Consultant Fees	0	0	0	0
e. A&E Travel Expenditures	0	0	0	0
f. Other A&E Expenditures (please describe)	2	0	0	2
7. Construction				
a. Landscaping	0	0	0	0
b. Construction Contracts	194	0	0	194
c. Insurance	0	0	0	0
d. Material Testing	0	0	0	0
e. Contingency	0	0	0	0
f. Other Construction Expenditure (please describe)	0	0	0	0

(in Thousands of \$)

Expenditure Category (Continued)	(1)* Capital Facilities Funds	(2)** CSS Capital Facilities Funds	(3)*** Other Funding Sources	(4) Total (1+2+3)
8. Rehabilitation/Renovation of Existing Structures	0	0	0	0
9. Fixed/Movable Equipment	0	20	0	20
10. Supervision - Inspector	0	0	0	0
11. Title and Recording	0	0	0	0
12. Other Fees and Charges	0	0	0	0
13. On-Site Management	0	0	0	0
14. Project Management/Administration	0	0	0	0
15. Other Project Expenditures (please describe)	0	0	0	0
16. Other Expenses (describe)	50	0	0	50
17. Total Project Expenditures	311	20	0	331
Total Capital Facilities Funds Requested (col 1+2)	331.4			
* Column 1 are expenditures directly attributed to the Capital Facilities Funds ** Column 2 are expenditures directly attributed to the CSS Capital Facilities Funds *** Column 3 are expenditures directly attributed to the Other Funding Sources				
B. Other Funding Sources*				
1.			0	
2.			0	
3.			0	
4.			0	
5.			0	
Total Other Funding Sources **			0	
* All other funding sources (non-MHSA) should be listed. ** Section B total Should equal Line 17/Column 3				

Notes:

Line 6 (b)(1), Other A & E Exp.: For repro-graphics; plan sets for project review/approval by Building Dept. and for bidding.

Line 9 (2), Fixed/Movable Equipment: As a MHSA CSS Program, the Adult Wellness Center is will use MHSA CSS funding for replacement of furniture and movable equipment (sofas, chairs, tables, etc.), for which Capital Facilities funds may not be used.

Line 16, Other Expenses: These MHSA Capital Facilities funds shall be used to establish a capitalized repair/replacement reserve for the MHSA Adult Wellness Center, which reserve will be controlled, managed and disbursed by Yolo County MHSA for as long as the MHSA Wellness Center is operational (estimated to be at least 20 years).

Provide information regarding ability to maintain and update the property/facility for the required time period (Include proposed funding sources, capitalized reserves, etc.)

The MHSA Adult Wellness Center is located inside the Bauer Building, 137 N Cottonwood St., Woodland, as Suite 1506. This building is county-owned and includes various clinics and offices of the Yolo County Health and Human Services Agency, for which purpose the building will be maintained and updated. To assure that the MHSA Adult Wellness Center (Suite 1506) is maintained and updated as needed, using MHSA Capital Facilities funding, Yolo County MHSA will establish a MHSA Wellness Center Capitalized Repair/Replacement Reserve for the MHSA Adult Wellness Center, which reserve will be controlled, managed and disbursed by Yolo County MHSA for as long as the MHSA Wellness Center is operational (estimated to be at least 20 years).

Describe what structure is in place to manage the project and track usage, costs, maintenance, etc., over time (e.g. agreement with County Department of General Services, contractor consultant, etc.)

Yolo County General Services Department will remain involved in the project to completion of the project. Over time, regular maintenance expenses will be reflected in annual A-87 costs attributed to MHSA. Should repairs or replacements of MHSA Wellness Center fixtures be required, the MHSA Manager, or other administrator designated by the Mental Health Director, will work cooperatively with General Services Department to effect necessary repairs using the MHSA Wellness Center Capitalized Repair/ Replacement Reserve.

**Enclosure 2
Exhibit 6
Sample Project Timeline**

County Name: YOLO Date 08-05-2015

Project Name: MHSA ADULT WELLNESS CENTER RENOVATION

Project Address: 137 N. COTTONWOOD STREET, SUITE 1506
WOODLAND, CA 95695

Both columns should be filled in with dates unless they do not apply to your Project. For instance, mark "NA" in the Start Date if the Development Step does not apply to your Project. (i.e., if acquisition: "Acquire building permit from building authority" will be N/A)

Development Step		Start Date (mm/dd/yy)	Completion Date (mm/dd/yy)
Community Program Planning Process	30-day circulation of draft	08-11-2015	09-10-2015
	Public hearing, if required	---	09-10-2015
Acquire <input type="radio"/> Development site or <input type="radio"/> Facility (select one) through purchase		---	---
Acquire building permit from building authority			
Financing closing		N/A	N/A
Construction contract execution		---	03-31-2015
Construction/Renovation start up		04-01-2015	---
Construction/Renovation completion		---	06-30-2016
Acquire Certificate of Occupancy (submit a legible copy)		06-15-2015	06-15-2016
Occupancy start up		ongoing occupancy	---
Other (specify below)			

Renovation of the MHSA Adult Wellness Center will be completed in phases to minimize interruption of the program and allow ongoing occupancy by clients.

TECHNOLOGICAL NEEDS NEW and EXISTING PROJECT DESCRIPTION

County: YOLO

Select one:

New

Existing

Project Number/Name: Yolo Technological Improvement Project, Phase III

Date: 08/05/2015

TECHNOLOGICAL NEEDS NEW PROJECT

NOTE: Yolo Technological Improvement Project (YTIP) Phase I dated March 25, 2011 was originally submitted and approved as part of Yolo County’s MHSA Annual Update—Fiscal Year 2010-11; Yolo Technological Improvement Project (YTIP) Phase II was submitted and approved as part of Yolo County’s MHSA Annual Update—Fiscal Year 2011-12.

- New system
- Increases the number of users of an existing system
- Extends the functionality of an existing system
- Supports goal of modernization/transformation
- Supports goal of client and family empowerment

Indicate the type of MHSA Technological Needs Project

Electronic Health Record (EHR) system projects (check all that apply). If the project includes an EHR or PHR, please follow the standards located at: [N/A; DMH link no longer available.]

http://www.dmh.ca.gov/Prop_63/MHSA/Technology/TechnologyNeedsComponent/AppendixB

- Infrastructure, security, and privacy
- Practice Management
- Clinical Data Management
- Computerized Provider Order Entry
- Full Electronic Health Record (EHR) with interoperability components (Example: Standard data exchanges with other counties, contract providers, labs or pharmacies)

Client and family empowerment projects

- Client/Family access to computing resources projects
- Personal Health Record (PHR) system projects
- Online information resource projects (expansion/leveraging information-sharing services)

Other technological needs projects that support MHSA operations

- Telemedicine and other rural/underserved service access methods
- Pilot projects to monitor new programs and service outcome improvement
- Data Warehousing projects/decision support
- Imaging/Paper conversion projects
- Other

Indicate the Technological Needs project implementation approach (Approach varies; see narrative below)

- Custom application: Name of Consultant or Vendor (If applicable) _____
- Commercial Off-The-Shelf (COTS) System: Name of Vendor _____
- Product Installation: Name of Consultant and/or Vendor (If Applicable) _____
- Software Installation: Name of Vendor _____

Technological Needs New Project Description

1. Describe how the project is critical for accomplishing the County, MHSA, and DHCS goals and objectives.

Yolo County began implementation of the Avatar Management Information System (MIS) in 2002, with the overarching goal of improving quality of services by having a fully functional Electronic Health Record, to increase efficiencies in reporting, billing, retrieving, and storing personal health information.

The following key technological improvements of YTIP Phase III will significantly improve the quality of client care while furthering MHSA goals and objectives:

- Meaningful Use Modules – will enable the sharing of clinical information amongst providers involved in the care of a consumer; provide consumer access to their health information through a web based portal to improve client engagement and empowerment; provide reports and monitoring metrics for Meaningful Use Measures and Clinical Quality Measures through dashboards and alerts to help increase clinician awareness.
- Enlighten Analytics - subscription software that captures and displays financial, operational, and clinical data in simple charts and graphs. Also allows users to drill down into the data and effectively use it evaluate clinical

outcomes, staff productivity, service utilization and demographics

- Sword and Shield – will provide a gap analysis on our network and Avatar system to identify HIPAA and HITEC security shortfalls and provide a path to improve our processes.
- Virtual Server Migration - will move our existing standalone computers to the county's Virtual Private network. It will enforce stronger security for the existing Avatar application, enhance backup capabilities and stay aligned with the county's IT goals.
- ICD-10 – project will transition Avatar to the federal mandated transition to ICD-10 code set for diagnostic and inpatient procedure billing.
- Managed Services Organization (MSO) – this Avatar module will allow staff to effectively monitor contract and authorizations.
- Dimension Reports – claim reporting software to provide a series of reports to display claim and remittance information at both summary and claim detail levels. This will allow staff to effectively monitor and resubmit denied claims, easily retrieve fiscal data, and properly audit claim files.

2. Describe how the proposed technology can be integrated with existing systems to achieve the Integrated Information Systems Infrastructure (IISI).

These implementations will allow access to complete, in-depth information by treatment staff, fiscal staff and quality improvement staff, thereby improving operational efficiencies. The proposed system enhancements will also improve the quality of care by increasing access to clinical information, eliminate paper charts, improve client engagement and ensure mandated security requirements are met.

3. Describe the inventory of new software licenses and hardware to be purchased.

Addition of five (5) user licenses for Enlighten Analytics
 Monthly subscription service for Dimension Reports
 Meaningful Use software components- CareConnect, Care Guidance, myHealthPointe
 MSO module
 ICD-10 subscription service

4. Describe the County's policies and procedures related to the Project's privacy and security.

We are in compliance with HIPPA standards for data contained within Avatar. All data transmitted outside the county is password encrypted. All client information received from outside sources (DHCS) is encrypted with 128 bit SSL website security for access to client information.

5. Please attach a detailed project Work Flow Assessment Plan and Project Schedule.

ID	Task Mode	Task Name	Duration	Start	Finish	Predecessors	Jan 4, '15							
							W	T	F	S	S	M	T	W
1		Avatar Server Moves to Virtual 07/01/15	60 days	Tue 6/9/15	Mon 8/31/15									
2	✓	BOS Approval	1 day	Tue 6/9/15	Tue 6/9/15									
3		Schedule Work(Netsmart)	41 days	Mon 7/6/15	Mon 8/31/15									
4		Dimensions Reports 07/01/15	87 days	Fri 5/1/15	Mon 8/31/15									
5	✓	Contract Signed	1 day	Fri 6/26/15	Fri 6/26/15									
6	✓	Kick off Call	1 day	Mon 7/27/15	Mon 7/27/15									
7		Port Setup	10 days	Mon 8/3/15	Fri 8/14/15									
8		ICD-10	196 days	Thu 1/1/15	Thu 10/1/15									
9	✓	BOS 03/24/15	1 day	Tue 3/24/15	Tue 3/24/15									
10		Product Notification and Download	74 days	Tue 3/31/15	Fri 7/10/15									
11	✓	Netsmart/ Yolo Meeting	1 day	Thu 7/9/15	Thu 7/9/15									
12	✓	Kick Off Call	1 day	Tue 8/4/15	Tue 8/4/15									
13		Product Download and Init Setup	5 days	Wed 8/5/15	Tue 8/11/15									
14		Meaningful Use 07/01/15	238 days	Thu 3/5/15	Sun 1/31/16									
15	✓	BOS Approval	1 day	Tue 6/9/15	Tue 6/9/15									
16		Care Connect Product Download Notification	88 days	Tue 9/1/15	Thu 12/31/15									
17		Order Connect Upgrade	88 days	Tue 9/1/15	Thu 12/31/15									
18		Care Pointe download	88 days	Tue 9/1/15	Thu 12/31/15									
19		Policy and Procedures HIPPA and HITEC 07/01/15	82 days	Tue 6/9/15	Wed 9/30/15									
20	✓	BOS Approval.	1 day	Tue 6/9/15	Tue 6/9/15									
21	✓	Waiting Initial start plan	40 days	Mon 7/6/15	Fri 8/28/15									
22	✓	Bowe Hoy meeting	1 day	Fri 7/31/15	Fri 7/31/15									
23		Project Start	20 days	Mon 10/5/15	Fri 10/30/15									

Project: Avatar Overview Projects Date: Wed 8/5/15	Task		External Milestone		Manual Summary Rollup	
	Split		Inactive Task		Manual Summary	
	Milestone		Inactive Milestone		Start-only	
	Summary		Inactive Summary		Finish-only	
	Project Summary		Manual Task		Deadline	
	External Tasks		Duration-only		Progress	

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ID	Task Mode	Task Name	Duration	Start	Finish	Predecessors	Jan 4, '15							
							W	T	F	S	S	M	T	W
24	✓	Telemedicine	129 days	Thu 1/1/15	Tue 6/30/15									
25	✓	Waiting Vendor Demo	42 days	Mon 2/2/15	Tue 3/31/15									
26	✓	Yolo Decision on Demo	78 days	Wed 4/15/15	Fri 7/31/15									
27	✓	Testing at sites	13 days	Mon 6/15/15	Wed 7/1/15									
28	✓	Meeting Yolo	1 day	Wed 7/8/15	Wed 7/8/15									
29	✓	Meeting Yolo	1 day	Fri 7/24/15	Fri 7/24/15									
30	✓	Meeting Yolo	1 day	Thu 8/27/15	Thu 8/27/15									
31	✓	Enlighten Analytics	84 days	Thu 3/5/15	Tue 6/30/15									
32	✓	BOS	56 days	Tue 3/24/15	Tue 6/9/15									
33	✓	Product Notification and Download	77 days	Tue 3/31/15	Wed 7/15/15									
34	✓	Prep Meeting.	73 days	Wed 4/22/15	Fri 7/31/15									
35	✓	Go Live Meeting	1 day	Thu 7/9/15	Thu 7/9/15									
36	✓	Training on Site	20 days	Mon 9/14/15	Fri 10/9/15									
37	✓	Move to LIVE	17 days	Thu 7/23/15	Fri 8/14/15									
38	✓	Review Co-sign Notes Modification-07/01/15	13 days	Tue 4/14/15	Thu 4/30/15									
39	✓	Decision if needed.	13 days	Tue 4/14/15	Thu 4/30/15									
40	✓	Disaster Recovery Vendor Quotes	129 days	Mon 7/6/15	Thu 12/31/15									
41	✓	MSO 07/01/15	174 days	Wed 7/1/15	Mon 2/29/16									
42	✓	BOS	1 day	Tue 6/9/15	Tue 6/9/15									
43	✓	Notification and Download (Ten Start 09/01/2015)	??											
44	✓	Document Imaging	138 days	Thu 2/19/15	Mon 8/31/15									
45	✓	.Complete Workbook – Yolo	26 days	Thu 2/19/15	Thu 3/26/15									
46	✓	Set up/Test UAT Environment (Document Types) – Netsmart	1 day	Fri 2/27/15	Fri 2/27/15									

Project: Avatar Overview Projects Date: Wed 8/5/15	Task		External Milestone		Manual Summary Rollup	
	Split		Inactive Task		Manual Summary	
	Milestone		Inactive Milestone		Start-only	
	Summary		Inactive Summary		Finish-only	
	Project Summary		Manual Task		Deadline	
	External Tasks		Duration-only		Progress	

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ID	Task Mode	Task Name	Duration	Start	Finish	Predecessors	Jan 4, '15										
							W	T	F	S	S	M	T	W	T		
47	✓	Super User Training – Netsmart, Yolo	1 day	Wed 3/4/15	Wed 3/4/15												
48	✓	System Admin Training – Netsmart, Yolo	1 day	Wed 3/4/15	Wed 3/4/15												
49	✓	System Testing/Workstation Installs – Yolo –	11 days	Thu 3/5/15	Thu 3/19/15												
50	✓	Set up/Test Live Environment – Netsmart, Yolo -ON HOLD to 06/01/15	5 days	Fri 3/20/15	Thu 3/26/15												
51		Document Types and workflow	9 days	Mon 4/20/15	Thu 4/30/15												
52	✓	Move to LIVE	12 days	Thu 7/23/15	Fri 8/7/15												
53		Go Live – Netsmart, Yolo	88 days	Mon 6/1/15	Wed 9/30/15												

Project: Avatar Overview Projects
Date: Wed 8/5/15

Task		External Milestone		Manual Summary Rollup	
Split		Inactive Task		Manual Summary	
Milestone		Inactive Milestone		Start-only	
Summary		Inactive Summary		Finish-only	
Project Summary		Manual Task		Deadline	
External Tasks		Duration-only		Progress	

Page 3

6. Please describe your proposed EHR project purchases.

Technological Needs funding budgeted to YTIP Phase III for FY 14-15 as set forth in Yolo County's MHSA Three-Year Program and Expenditure Plan for Fiscal Years 14-15, 15-16 and 16-17, was not expended. These funds will be reapplied to other MHSA Technological Needs projects. The FY 15-16 budget for Phase III is set forth below.

- Meaningful Use Modules – \$35,000 for professional services and \$99,720 for subscription services, total cost \$134,720
- Enlighten Analytics - \$15,000 for professional services and \$29,700 for subscription services, total cost \$44,700
- Sword and Shield – \$40,500 for professional services, total cost \$40,500
- Virtual Server Migration - \$8,000 for professional services, total cost \$8,000
- ICD-10 – \$12,000 for Professional services and \$12,564 for subscription services, total cost \$24,564
- Managed Services Organization (MSO) – \$63,700 for professional and support services, \$10,000 for software, total cost of \$73,700
- Dimension Reports – monthly subscription service, \$1625.00 per month, \$19,500 annually

YTIP, Phase III Costs summarized:

Meaningful Use Modules	134,720
Enlighten Analytics	44,700
Sword and Shield	40,500
Virtual Server Migration	8,000
ICD 10 implementation	24,564
Managed Services Organization (MSO)	73,700
Dimension Reports	19,500

\$ 345,684

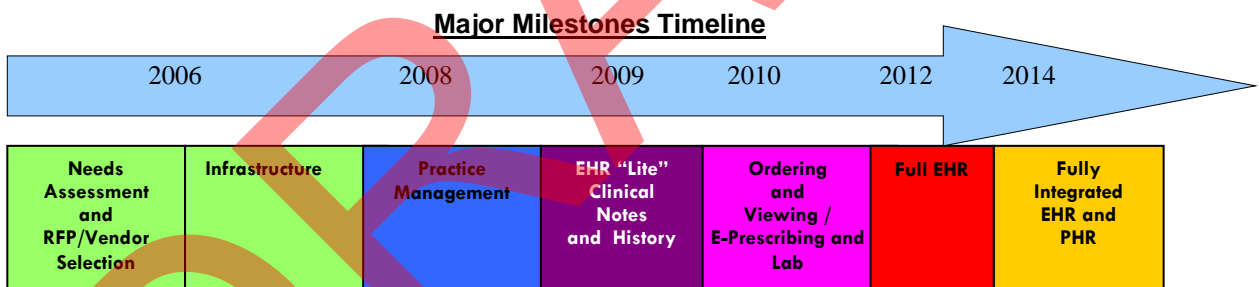
7. Provide information about your vendor selection criteria (such as a Request for Proposal).

Yolo county initiated a competitive bid process in FY2002-03, and a contract was awarded to Creative Socio-Medics, now doing business as Netsmart Technologies, for the Avatar product. The initial implementation of Avatar began in 2003, and the department went live with Practice Management (Cal-PM) in October 2003 and with Clinician Workstation (CWS) in June 2005. The county has maintained its relationship with Netsmart, and we do not anticipate the need for vendor selection or additional requests for proposal at this time.

8. Describe the plan to obtain the technology and resources not currently available in the county to implement and manage the IISl.

The county will contract with Netsmart for the purchase and implementation of the Meaningful Use Modules. Enlighten Analytics, Sword and Shield, Virtual Server Migration, MSO, and ICD-10. Using the county-wide purchasing policy under Yolo County's General Services Policy, the department will contract with Dimension Reports and secure quotes for the mobile computing devices and telemedicine equipment.

9. Complete a proposed implementation timeline with the following major milestones:



(N/A)

New Project Risk Assessment

10. Assess the Project's risk rating using the following Project Risk Assessment.

11. If the proposed project's scope and/or funding deviates from the information presented in the County's approved Component Proposal, describe the stakeholder involvement and support for the deviation.

N/A

Category	Factor	Rating	Score	
Estimated Cost of Project	Over \$5 million	6		
	Over \$3 million	4		
	Over \$500,000	2		
	Under \$500,000	1	1	
Project Manager Experience				
Like Projects completed in a "Key Staff" Role	None	3		
	One	2		
	Two or More	1	1	
Team Experience				
Like Projects Completed by at least 75% of Key Staff	None	3		
	One	2		
	Two or More	1	1	
Elements of Project Type				
Hardware	New Install	Local Desktop/Server	1	
		Distributed/Enterprise Server	3	
	Update/Upgrade	Local Desktop/Server	1	
		Distributed/Enterprise Server	2	2
	Infrastructure	Local Network/Cabling	1	
		Distributed Network	2	
Data Center/Network Operations Center		3		
Software	Custom Development	5		
	Application Service Provider	1		
	COTS* Installation	"Off-the-Shelf"	1	1
		Modified COTS	3	
	Number of users	Over 1,000	5	
		Over 100	3	
		Over 20	2	
		Under 20	1	1
*Commercial Off-The-Shelf Software	Architecture	Browser/Thin Client based	1	
		Two-Tier (Client / Server)	2	
		Multi-Tier (Client & Web, Database, Application, etc., Servers)	3	

Total Score	Project Risk Rating
<input type="checkbox"/> 25 - 31	High
<input type="checkbox"/> 16 - 24	Medium
<input checked="" type="checkbox"/> 8 - 15	Low

TECHNOLOGICAL NEEDS EXISTING PROJECT

Please provide the following information when requesting additional funds for existing projects only:

1. Provide a summary of the TN project: Yolo Technological Improvement Project (YTIP) Phase I

Technological Needs YTIP Phase I was set forth in the initial project description dated March 25, 2011 and included in Yolo County's MHSA Annual Update—Fiscal Year 2010-11.

Technological Needs YTIP Phase I Augmentation was set forth in the project description approved February 11, 2014 and included in Yolo County's Three Year MHSA Program and Expenditure Plan—Fiscal Year 2014-17.

No additional funds are being requested for Yolo Technological Improvement Project, Phase I. Total Phase I project funds have not yet been fully expended, as set forth in the initial YTIP Phase I project description dated March 25, 2011 and included in Yolo County's MHSA Program and Expenditure Plan Annual Update—Fiscal Year 2010-11.

See below for modified description of remaining technological needs from YTIP Phase I to be addressed in FY 15-16.

NOTE: Yolo Technological Improvement Project (YTIP) Phase II met its goals in prior fiscal years. Unexpended MHSA Technological Needs TYIP Phase II funding has been redirected; funding will be used for other MHSA Technological Needs projects.

2. Provide a justification how this request is a continuation of a previously approved project and not a new project.

The overarching goal of the project was and still is to improve services provided by having a fully functional EHR. As technology advances, new solutions have become available to increase and improve operational efficiencies.

3. Why was the initial funding insufficient? Check all boxes that apply and provide an explanation of each

- | | |
|---|--|
| <ul style="list-style-type: none"> a. <input type="checkbox"/> Project manager performance b. <input type="checkbox"/> Project staffing c. <input type="checkbox"/> Requirements not completely defined d. <input type="checkbox"/> Change in scope e. <input type="checkbox"/> Difficulties in customizing COTS f. <input type="checkbox"/> Delay in project start date g. <input type="checkbox"/> Completion date has lapsed h. <input type="checkbox"/> Change in Vendor/contract services cost | <ul style="list-style-type: none"> i. <input type="checkbox"/> Change in cost of materials (hardware, software, etc.) j. <input type="checkbox"/> Personnel cost increase k. <input type="checkbox"/> Delay in RFP process l. <input type="checkbox"/> Insufficient management support m. <input type="checkbox"/> Training issues n. <input type="checkbox"/> Other |
|---|--|

Explanation: N/A

4. How will the additional funds be used? Check all boxes that apply and provide an explanation of each.

- | | |
|---|--|
| <ul style="list-style-type: none"> a. <input type="checkbox"/> Hire additional staff or other personnel b. <input type="checkbox"/> Acquire new contract services (vendors) c. <input type="checkbox"/> Expand existing contract scope of work d. <input type="checkbox"/> Acquire new hardware (provide list below) e. <input type="checkbox"/> Expand existing infrastructure f. <input type="checkbox"/> Acquire new software (provide list below) | <ul style="list-style-type: none"> g. <input type="checkbox"/> Expand existing software h. <input type="checkbox"/> Acquire other materials i. <input type="checkbox"/> Training costs j. <input type="checkbox"/> Other |
|---|--|

Explanation: N/A

5. Which sections, if any, of your original project are being changed or updated? Check all boxes that apply and provide an explanation of each.

- | | |
|--|--|
| <ul style="list-style-type: none"> a. <input type="checkbox"/> Project organization b. <input type="checkbox"/> Project management resources c. <input type="checkbox"/> Support resources d. <input type="checkbox"/> Development and maintenance resources e. <input type="checkbox"/> Quality assurance testing resources f. <input checked="" type="checkbox"/> Project plan dates (schedule) g. <input type="checkbox"/> Project scope h. <input type="checkbox"/> Project roles and responsibilities i. <input type="checkbox"/> Project monitoring and oversight | <ul style="list-style-type: none"> j. <input checked="" type="checkbox"/> Project phasing k. <input type="checkbox"/> Change management plan l. <input type="checkbox"/> Risk management plan m. <input type="checkbox"/> Contract services costs n. <input type="checkbox"/> Hardware costs o. <input type="checkbox"/> Software costs p. <input type="checkbox"/> Personnel costs q. <input type="checkbox"/> Other costs r. <input type="checkbox"/> Training provisions s. <input type="checkbox"/> None |
|--|--|

Explanation:

Technological Needs funding budgeted to YTIP Phase I as set forth in Yolo County's MHSA Annual Update—2010-11 was not fully expended, although most of the system enhancements of Phase I have been achieved. In FY 15-16, to further the enhancements set forth in Phase I, the following services and purchases are planned:

- Personnel and related allowable costs:

- Office Support Specialist, 0.5 FTE, document imaging; \$46,000
- IT Systems Software Specialist, 0.1 FTE, database management and troubleshooting; \$24,200
- Updated laptops for field access to EHR, electronic signature; \$30,000
- Maintenance and upgrades, \$25,000

The remaining funds from Phase I will be applied to other projects.

Technological Needs funding budgeted to YTIP Phase I Augmentation for FY 14-15 as set forth in Yolo County's MHSa Three-Year Program and Expenditure Plan—Fiscal Year 2014-17 was not expended. The funds will be applied to this augmentation and other projects in the FY 15-16 budget as follows:

- Phase I Augmentation (2014): Mobile/Telemedicine Equipment, purchase and installation \$150,000

6. Explain how the stakeholders were provided an opportunity to participate in the decision.

In the course of the Community Planning Process for the MHSa Three-Year Program and Expenditure Plan, stakeholders were eager to add the opportunity for mobile telemedicine services to their Technological Needs priority. Mobile telemedicine services 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. MHSa and IT staff began researching equipment options and added this to their Phase I plan as a method to facilitate access to services and to EHR for unserved/underserved, rural and/or elderly clients. In the Community Planning Process for the MHSa FY 15-16 Annual Update, stakeholders were apprised of the status of mobile telemedicine equipment selection, as well as the need for updated laptop computers and associated equipment to promote EHR and electronic signature access to clients being seen in the field. Community stakeholders supported the plan to use TN YTIP Phase I funds for these purposes. Personnel expenses for Document imaging and systems troubleshooting, as well as maintenance and upgrades expenditures, were previously anticipated and budgeted for in the MHSa Three Year Program and Expenditure Plan.

This Technological Needs project is consistent with and supportive of the vision, values, mission, goals, objectives and proposed actions of the MHSA Capital Facilities and Technological Needs Component Proposal and is consistent with the County Major Milestones Timeline for moving towards an Integrated Information Systems Infrastructure, as described in the County Technological Needs Description.

All documents in the funding request are true and correct.

_____	_____	_____
Chief Information Officer (Print)	Signature	Date
_____	_____	_____
HIPAA Privacy/Security Officer (Print)	Signature	Date

DRAFT



Housing

In 2008, Yolo County MHSA received an allocation from the State of California of \$3.1 Million for development of housing for Seriously Mentally Ill MHSA Full Service Partnership (FSP) clients, many of whom are at risk of homelessness or have recently been homeless. These funds were intended to pay for development of approximately 17 units (using 2/3 of total funds) and rental subsidies (using 1/3 of total funds), serving as MHSA Housing for 20-40 years. At Yolo County's request, these MHSA Housing funds were turned over by the state to California Housing Finance Agency (CalHFA) to hold on behalf of Yolo County until development plans were completed and other project financing was secured. After several sites were examined, Yolo County settled on the old (vacant) hospital site at W. Beamer and N. Cottonwood Streets in Woodland, which site is adjacent to two major bus lines and very near a community clinic, as well as being across the street from Yolo Health and Human Services Agency offices, which include integrated Social Services, Employment, Health, and Mental Health Services.

In 2013, working in conjunction with Yolo County Housing, and including and community stakeholders and staff in the evaluation process, Yolo MHSA completed a Request for Proposal (RFP) process and selected Mercy Housing to partner with Yolo County Housing in developing the property. Development plans have undergone several iterations, and current plans include 80 units for low income singles and families, with 17 units scattered throughout the complex to be reserved for MHSA FSP clients. The complex will include a 3,500 square foot community center, open courtyards, and ample parking. Demolition of the old Yolo General Hospital is scheduled to begin in September, 2015; opening of the housing development is slated for December, 2017.



IV. MHSA Program Expenditure Updates

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

DRAFT



**FY 2015/16 Mental Health Services Act Annual Update
 Funding Summary**

County: Yolo	Date: 7/22/15
--------------	---------------

	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 2015/16 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	5,353,839	2,871,090	329,808	616,573	1,916,367	
2. Estimated New FY 2015/16 Funding	5,932,367	1,581,965	395,491			
3. Transfer in FY 2015/16 ^{a/}						
4. Access Local Prudent Reserve in FY 2015/16						
5. Estimated Available Funding for FY 2015/16	11,286,206	4,453,054	725,299	616,573	1,916,367	
B. Estimated FY 2015/16 MHSA Expenditures	9,068,589	1,580,230	517,771	240,343	1,180,384	
G. Estimated FY 2015/16 Unspent Fund Balance	2,217,617	2,872,824	207,528	376,230	735,983	
H. Estimated Local Prudent Reserve Balance						
1. Estimated Local Prudent Reserve Balance on June 30, 2015		514,069				
2. Contributions to the Local Prudent Reserve in FY 2015/16		0				
3. Distributions from the Local Prudent Reserve in FY 2015/16		0				
4. Estimated Local Prudent Reserve Balance on June 30, 2016		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 2015/16 Mental Health Services Act Annual Update
 Community Services and Supports (CSS) Funding**

County: Yolo Date: 7/22/15

		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	400,000	268,000	132,000			
2.	Pathways to Independence for TAY	2,746,628	2,322,047	424,581			
3.	Adult Wellness: Intensive/FSP & Wellness Center	5,900,809	3,997,181	1,861,128			42,500
4.	Older Adult Outreach and Assessment	1,105,988	844,614	261,374			
5.	Mobile Mental Health Services	153,187	153,187				
6.	Harm Reduction Model Co-Occur D/O	127,347	70,645	56,702			
Non-FSP Programs							
1.	Access for Homeless and Indigent MI	382,042	377,042	5,000			
2.	Community Planning Process	13,700	13,700				
3.	Adult Wellness Alternatives/Moderate/GSD	1,225,000	1,000,000	225,000			
CSS Administration		22,173	22,173				
CSS MHSA Housing Program Assigned Funds		0					
Total CSS Program Estimated Expenditures		12,076,874	9,068,589	2,965,785	0	0	42,500
FSP Programs as Percent of Total		86.4%					



**FY 2015/16 Mental Health Services Act Annual Update
 Prevention and Early Intervention (PEI) Funding**

County: Yolo Date: 7/22/15

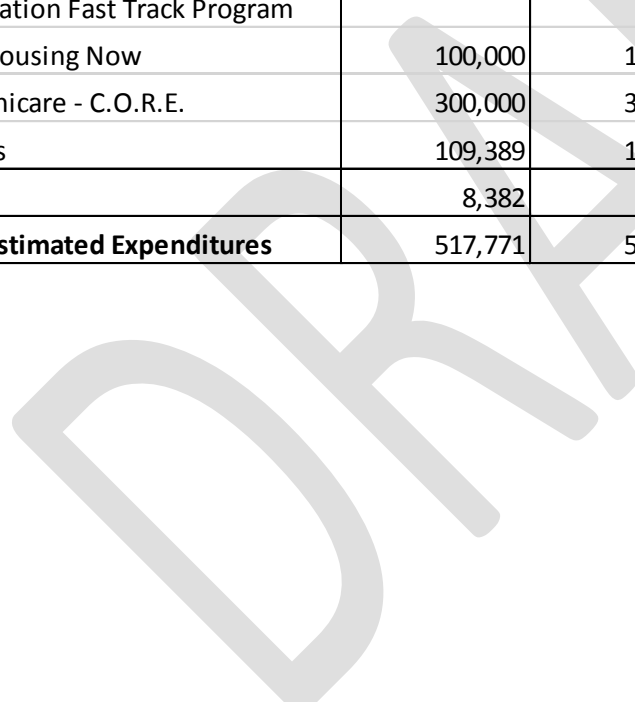
	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Wellness: Urban Children's Resiliency	754,100	754,100				
2. Wellness: Rural Children's Resiliency	358,046	358,046				
PEI Programs - Early Intervention		0				
3. Wellness: Senior Peer Counselors	58,727	58,727				
4. Early Signs: Training and Assistance	270,156	270,156				
5. Early Signs: Crisis Intervention Training	53,222	53,222				
PEI Administration	85,979	85,979				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	1,580,230	1,580,230	0	0	0	0



**FY 2015/16 Mental Health Services Act Annual Update
 Innovations (INN) Funding**

County: Yolo Date: 7/22/15

	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 Program						
YCCC - Housing Now	100,000	100,000				
Communicare - C.O.R.E.	300,000	300,000				
2. QA Analysis	109,389	109,389				
INN Administration	8,382	8,382				
Total INN Program Estimated Expenditures	517,771	517,771	0	0	0	0





FY 2015/16 Mental Health Services Act Annual Update						
Workforce, Education and Training (WET) Funding						
County: Yolo					Date:	7/22/15
	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	90,000	90,000				
4. Ed Loan Repayment/Tuition Reimbursement	22,000	22,000				
5. Psychiatric Internship Program	0	0				
6. WET Coordinator 0.5 FTE	63,143	63,143				
WET Administration	30,200	30,200				
Total WET Program Estimated Expenditures	240,343	240,343	0	0	0	0



Capital Facilities/Technological Needs (CFTN) Funding						
County: Yolo					Date:	7/22/15
	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	500,000	500,000				
CFTN Programs - Technological Needs Projects						
Yolo Technological Improvement Plan:	0					
2. Phase I: Continued	275,200	275,200				
3. Phase II: Complete	0	0				
4. Phase III: Virtual Environment & Security	345,684	345,684				
CFTN Administration	59,500	59,500				
Total CFTN Program Estimated Expenditures	1,180,384	1,180,384	0	0	0	0



Appendices

DRAFT



Appendix I: MHSA Community Program Planning Process: Community Meetings PowerPoint



YOLO COUNTY: MHSA ANNUAL UPDATE 2015 COMMUNITY MEETINGS

June 10, 2015
 Resource Development Associates (RDA)
 Ryan Wythe & Becca Hardy, PhD



Agenda

- 1 Welcome and Introductions
- 2 Overview of MHSA Update and Community Planning Process
- 3 Review Needs Assessment Findings and Program Updates
- 4 Discussion of Suggestions for Program Modifications
- 5 Meeting Evaluation

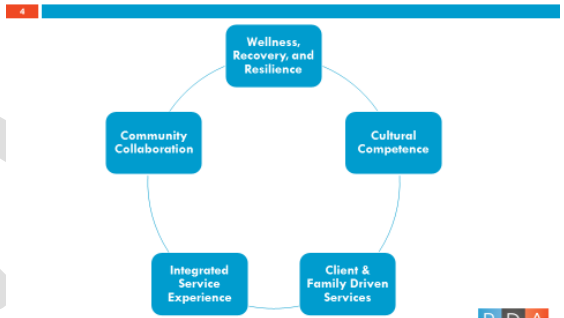


MHSA Overview

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



MHSA Values



MHSA Components

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



MHSA Annual Update

- 1 County mental health programs shall prepare and submit an Annual Update for Mental Health Service Act (MHSA) programs and expenditures.
- 2 Annual Updates must be adopted by the county board of supervisors and submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) within 30 days after board of supervisor adoption.

Welfare and Institutions Code Section (WIC §) 5847





Community Planning Process

- 7 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.**
- 8 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:

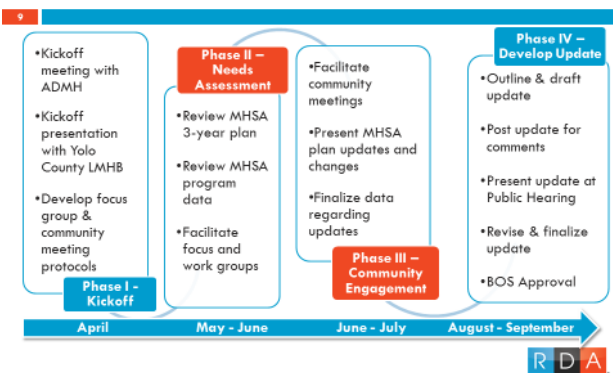
R D A

Community Planning Process

- 9 **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)

R D A

Community Planning Process



Needs Assessment

10

Targeted Focus Groups	ADMH Staff and Provider Work Groups	Community Meetings
<ul style="list-style-type: none"> Transitional Age Youth (16-24 years) Older Adults (60+ years) 	<ul style="list-style-type: none"> General ADMH stakeholders Contracted Providers of MHSA funded programs and services ADMH Staff 	<ul style="list-style-type: none"> Consumers & Family Members Service Providers Community sectors (e.g. education, health etc.) Geographies (i.e. West Sacramento, Woodland, Winters/Esparto)

R D A

11 Community Engagement

What are the remaining needs?

What new needs have emerged?

R D A

Needs: Mental Health Service Availability

- 12
- 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



Needs: Un- and Underserved Populations

- 13** 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

Needs: Access to Services

- 14** 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
- Barriers to a Continuum of Mental Health Services:
 - After-hours access to records and mental health resources



Needs: Access to Services

- 14** 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
- Barriers to a Continuum of Mental Health Services:
 - After-hours access to records and mental health resources

Needs: Workforce Education & Training

- 15** 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)



Needs: Facilities & Technology

- 16** 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

Community Engagement

- 17**
 - What are the remaining mental health needs?
 - What new mental health needs have emerged?





18 MHTSA Funded Programs & Services

How well have MHTSA funded programs and services met the community's MH needs?

What changes or modifications can be made to MHTSA funded programs and services to meet unmet MH needs?

R D A

19 Proposed Programs

Children (ages 0 – 15)

Continuing Programs	Program Updates
<ul style="list-style-type: none"> Urban Children's Resiliency Rural Children's Resiliency Children's Mental Health Services (FSP) <ul style="list-style-type: none"> Family Partner 	<ul style="list-style-type: none"> Considering FSP service delivery by CBO to expand access Increased the number of Family Partners/Peer Navigators Expanded the role of Family Partner to Peer Navigator where appropriate

R D A

20 Proposed Programs

Transitional Age Youth (ages 16 – 24)

Continuing Programs	Program Updates
<ul style="list-style-type: none"> Urban Children's Resiliency Rural Children's Resiliency Pathways to Independence (FSP) 	<ul style="list-style-type: none"> Expanded FSP Looking into available space for TAY Wellness Center located in Davis in partnership with existing TAY programs

R D A

21 Proposed Programs

Adults (ages 25 – 59)

Continuing Programs	Program Updates
<ul style="list-style-type: none"> Wellness Alternatives for Adults (FSP) <ul style="list-style-type: none"> ACT AOT/Laura's Law Greater Access Program (GAP) Free to Choose 	<ul style="list-style-type: none"> Expanded FSP Expanded Peer Navigators and Outreach Specialist Hired Russian and Spanish-speaking bicultural outreach workers Enhanced access to Primary Care for ADMH clients

R D A

22 Proposed Programs

Older Adults/Seniors (ages 60+)

Continuing Programs	Program Updates
<ul style="list-style-type: none"> Senior Peer Counseling Older Adult Outreach & Assessment (FSP) Friendship Line 	<ul style="list-style-type: none"> Expanded capacity for Senior Peer Counseling by partnering with CBO Telepsychiatry: testing equipment Actively recruiting geriatric specialist

R D A

23 Proposed Programs

Programs Across Age Groups

Continuing Programs	Program Updates
<ul style="list-style-type: none"> Crisis Intervention Training (CIT) Mental Health Services Resource Materials about Local Programs (include updating Yolo211) Early Signs Program/ASIST 	<ul style="list-style-type: none"> Hired Telepsychiatry Coordinator Peer Navigator and Outreach Specialist Added Benefits Specialists

R D A





Proposed Programs

24

Crisis Specific Services	
Other Considerations	Updates
Establish after-hours CRT authorization process	<ul style="list-style-type: none"> Community Intervention Program implemented in 4 cities Offers mobile response for mental health crises Available at times when Emergency Services for MH crisis is called the most; time is dependent on location
Create a Crisis Respite	
Consider acquiring a Crisis Stabilization Unit	
Consider Development of crisis services in West Sacramento	
Consider a Mobile Crisis to respond with Law Enforcement Agencies	

R D A

Proposed Programs

25

Workforce Education & Training (WET)	
Continuing Programs	
<ul style="list-style-type: none"> Student Loan Repayment <ul style="list-style-type: none"> Include Tuition Reimbursement to encourage career pathways for ADMH staff and peer/family staff Staff Training – Essential Learning, Leadership in Mental Health Services <ul style="list-style-type: none"> UC Davis Psychiatry Residency Internship Support Staff Customer Service & De-escalation Training Specialty Clinical Training 	
Program Updates	
<ul style="list-style-type: none"> Hired Quality Improvement staff Hired WET Coordinator WET Coordinator and HR developing career-track Peer Navigator positions No new updates regarding Psychiatry Residency Internship Additional Specialty Clinical Training TBD with regard to consolidation efforts 	

R D A

Proposed Programs

26

Capital Facilities & Technological Needs (Cap/IT)	
Continuing Programs	
<ul style="list-style-type: none"> Yolo Technological Improvement Project – Phase I & Phase II Mobile Clinic Unit 	
Program Updates	
<ul style="list-style-type: none"> Telepsychiatry: <ul style="list-style-type: none"> Mobile unit obtained Working with equipment vendor Hired coordinator staff Orientation process enhanced: <ul style="list-style-type: none"> Individualized orientation sessions Increased orientation slots Increase efficiency of orientation process Renovation of Woodland Wellness Center planned for this coming FY 	

R D A

Proposed Programs

27

Innovation	
Continuing Programs	
<ul style="list-style-type: none"> Local Innovation Fast Track (LIFT) Program with modifications to take into consideration limited funds 2014 - 2017 	
Program Updates	
<ul style="list-style-type: none"> New programs implemented through CBOs: <ul style="list-style-type: none"> Integrated Behavioral Health Housing Now 	

R D A

Proposed Programs

28

Housing	
Housing Update	
<ul style="list-style-type: none"> Continuing to work with CalHFA and Housing Authority to identify additional resources to leverage in creating additional housing 	

Proposed Strategies

29

Further Consideration Needed Overall	
Other Considerations	Updates
Capital Facilities Plan	ADMH will develop a Capital Facilities Plan that will address appropriate capital facilities needs.
Performance Indicators	ADMH is collaborating with RDA to develop a comprehensive Health Services evaluation plan. Evaluation measures have been selected and the team is working on data collection tools and a data collection plan.

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R D A





MHSA Funded Programs & Services

30

- How well have MHSA funded programs and services met the community's MH needs?

- What changes or modifications can be made to MHSA funded programs and services to meet unmet MH needs?

Next Steps

31



R D A

Evaluation and Closing

32

Give us your feedback!

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R D A





Appendix II: MHSA Community Program Planning Process: Facilitator's Guide

Focus Group Background (5 minutes)

Yolo County Department of Alcohol, Drug, and Mental Health (ADMH) is in the process of developing its update for the three-year program and expenditure plan for mental health services in accordance with Prop 63, the Mental Health Services Act (MHSA). An essential part of this effort is the inclusion of community members in the planning process. As such, Yolo County ADMH has contracted Resource Development Associates (RDA) to help gather information from community members such as yourselves. We will be conducting a series of focus groups in which we will:

1. Review findings from the MHSA 3-Year Plan completed January 2014
2. Identify and discuss areas of strengths and needs related to aspects of the plan that have been implemented to date
3. Prioritize remaining areas of need
4. Brainstorm ideas for addressing these needs

The information you share with us today, in addition to the assessment of needs will provide us with a comprehensive look at the strengths and needs across the community. This will help Yolo County ADMH develop its MHSA Annual Update.

Guidelines

- This group should be a "safe place" to talk about issues you might not feel comfortable talking about otherwise
- Participants' names will not be linked to any comments unless we specifically ask if we can use your comment as a quote
- Silence your cell phones
- There are no "wrong" or "right" opinions, please share your thoughts honestly
- Limit side conversations and crosstalk so everyone can hear what is being shared
- Listen before responding
- Are there any additional guidelines to add?

Introductions

Before we begin, let's get to know each other a little bit. As you are comfortable, please share:

- Your name
- Affiliation to ADMH
- What you hope will come of today's focus group

Project Background (2 minutes)

- Yolo County ADMH currently offers these programs and services:





- Mental health services for children, TAY, adult, older adults
- Outpatient, Case Management, Inpatient, Crisis Services, Alcohol and Drug Services, Wellness and Recovery services and supports
- The current process is to determine progress on goals identified in the 3-year plan. Four hundred and seventy-six people participated in the 3-year planning process in the original 3-year plan development, so we're excited to have your input today!

Review Findings from 3-Year Plan Needs Assessment (28 minutes)

The needs assessment from the 3-year plan identified several areas of unmet community health need. We're going to revisit each of them, and you let us know what the areas are where you've seen improvement or where there is still work that remains.

Refer to your Needs Handout, and we'll walk through each area of need. The questions to keep in mind as we talk about them are:

- Over the past year, how well have the county's mental health programs addressed the identified needs?
- Are there any other related needs to add or clarify?

(Refer back to these questions as you walk through the handout.)

Areas of Need

- Mental Health Service Availability
- Un- and Underserved Populations
- Access to Services
- Workforce Needs
- Facilities/Technology

Prioritization of Needs (15 minutes)

Depending on how many people are in attendance, this can be done individually, or the room can break into small groups. [If broken into smaller groups, each group produces one list of items decided on by consensus. Give group more than 5 minutes to decide on their list.]

- Take 5 minutes to choose which of the needs we've discussed you think are most important. Choose your top 3 needs, and write them down in order of importance. We'll collect your lists in 5 minutes.
- Check in with attendees or groups; help individuals or groups that seem to be stuck.
- Give time reminders (e.g., "Two minutes left.")
- **While attendees are working:** On a white board or flip chart(s), the facilitator should write age groups to place the needs into.



- Child and Family Programs
- TAY Programs (16-25)
- Adult Programs
- Older Adult Programs (60+)
- Programs Across Age Groups

If related needs emerge:

- Workforce/Training Programs
- Capital/Technology
- Innovation

Collect lists from attendees. At this time the facilitator will choose the top 4-5 needs, based on how many times the topic comes up on the prioritization lists. The facilitator can write them on a flip chart or white board under the corresponding program grouping.

Brainstorming Solutions (30 minutes)

Here are the top buckets of needs you've identified [list them; refer to board].

- Do you agree that these are areas of high priority?
- Are you ready to move forward in discussing how we may overcome these barriers?

Great, let's briefly talk about each of these in order and think through what needs to take place for these issues to be resolved. If time allows, we'll move on the remaining areas of need.

The facilitator repeats the following process moving through each of the program groupings (e.g., Child/Family, TAY, Adult, etc.), and addressing each area of need within each group. Refer attendees to the corresponding section of the program handout.

1. Refer to the **[FILL IN PROGRAM AREA]** section of the current programs handout, are there ways we can modify any of the programs to meet this need?
 - If so, what does that change look like?
 - What are the necessary resources to accomplish the change?
2. If not, is there an existing program that we can *add* to or enhance to meet this need?
 - If so, what would that addition look like? How would it function?
 - What are the necessary resources to implement the new component?
3. If none of the existing programs can possibly accommodate the need, what kinds of programs could be created to meet the demand?
 - If so, who would the program serve?
 - How would the program operate?



- How could ADMH ensure the success of the program?
- What resources could ADMH leverage to implement a program like this?

In the event of additional time, briefly review the other areas of need and ask the group to sketch some ideas for addressing or removing those barriers.

Thank you for participating!

- Describe next steps (what will happen with the data, etc.)
- Where they can hear updates/results
- Remind attendees to fill out demographic form and sign in

DRAFT



Appendix III: MHSAs Community Program Planning Process: Community Report Back PowerPoint



YOLO COUNTY: MHSAs ANNUAL UPDATE 2015 COMMUNITY REPORT-BACK

July 7, 2015
 Resource Development Associates (RDA)
 Ryan Wythe & Kristofer Stojanovski, MPH



Agenda

- 1 Welcome and Introductions
- 2 Overview of MHSAs Update and Community Planning Process
- 3 Review Needs Assessment Findings and Proposed MHSAs Annual Updates
- 4 Feedback on Proposed MHSAs Annual Updates
- 5 Meeting Evaluation



MHSAs Overview

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



MHSAs Values



MHSAs Components

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



MHSAs Annual Update

- County mental health programs shall prepare and submit an Annual Update for Mental Health Service Act (MHSAs) programs and expenditures.
- Annual Updates must be adopted by the county board of supervisors and submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) within 30 days after board of supervisor adoption.

Welfare and Institutions Code Section (WIC §) 5847





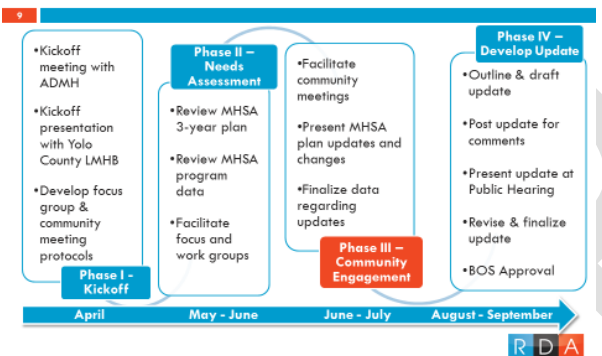
Community Planning Process

- 7 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.**
- 8 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

- 9 **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)

Community Planning Process

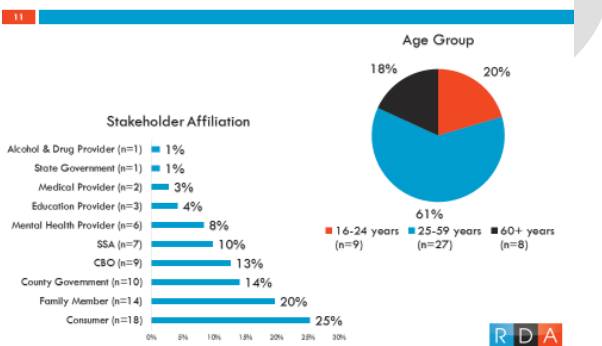


Community Planning Process: Meeting Type

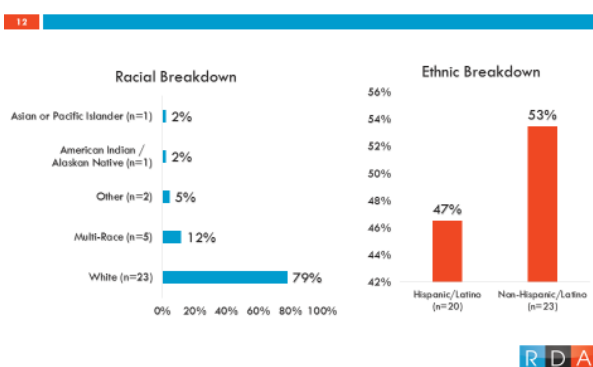
10

Meeting	Number of Participants
Community/Stakeholder Meetings	20
Staff Workgroup	6
Older Adult Focus Group	14
TAY Focus Group	7

Community Planning Process: Demographics



Community Planning Process: Demographics





13 Needs Assessment Findings & Proposed MHTSA Updates

Will the proposed MHTSA Updates adequately address the community's mental health needs?

Are there additional suggestions for improving MHTSA funded programs and services?

R D A

Proposed Annual Updates Children (ages 0 – 15)

Mental Health Needs and Requests	Program Updates
<ul style="list-style-type: none"> Increase access to children's mental health services Expand mentoring opportunities for older children 	<ul style="list-style-type: none"> Rural & Urban Children's Resiliency <ul style="list-style-type: none"> Continue to support providers to deliver mentoring services to youth Identify additional opportunities to increase mentoring Children's Mental Health Services (FSP) <ul style="list-style-type: none"> Pursue additional community partners to increase engagement and retention of children in FSP
Other Considerations	Updates
Increase developmental screening for children ages 0-5	Yolo County HHTSA will work with First FIVE and other HHTSA departments to ensure they are aware of this request.

R D A

Proposed Annual Updates Transitional Age Youth (ages 16 – 24)

Mental Health Needs and Requests	Program Updates
<ul style="list-style-type: none"> Increase alternative wellness activities TAY-specific Wellness Center Increase peer workers/navigators MH wellness smartphone app 	<ul style="list-style-type: none"> Rural & Urban Children's Resiliency <ul style="list-style-type: none"> Continue to support providers to deliver mentoring services to youth Identify additional opportunities to increase mentoring Pathways to Independence (FSP) <ul style="list-style-type: none"> Increase support to Program Manager to develop additional wellness activities Continue to identify site in Davis for Wellness Center Consider adding a peer worker/navigator to FSP team Increase awareness of existing apps that address this need (e.g. Yolo 2-1-1, Crisis Text Line)

R D A

Proposed Annual Updates Adults (ages 25 – 59)

Mental Health Needs and Requests	Program Updates
<ul style="list-style-type: none"> West Sacramento Wellness Center Increase alternative wellness activities Improve homeless outreach and engagement in services Improve access to efficient and reliable transportation 	<ul style="list-style-type: none"> Wellness Alternatives for Adults (FSP) <ul style="list-style-type: none"> Open West Sacramento Wellness Center in Fall 2015 Continue with Woodland Wellness Center Remodel Develop master schedule of alternative wellness activities to increase accessibility Greater Access Program (GAP) <ul style="list-style-type: none"> Hired homeless outreach specialist Free to Choose <ul style="list-style-type: none"> No new modifications or enhancements planned Across all Adult Programs: <ul style="list-style-type: none"> Continue to provide bus tickets to consumers Continue to acquire vehicles for transportation

R D A

Proposed Annual Updates Older Adults/Seniors (ages 60+)

Mental Health Needs and Requests	Program Updates
<ul style="list-style-type: none"> Increase alternative wellness activities Improve homeless outreach and engagement in services Improve access to efficient and reliable transportation 	<ul style="list-style-type: none"> Senior Peer Counseling <ul style="list-style-type: none"> Continue to work with community partners to provide services Older Adult Outreach & Assessment (FSP) <ul style="list-style-type: none"> Develop master schedule of alternative wellness activities to increase accessibility Friendship Line <ul style="list-style-type: none"> Renew partnership with Institute on Aging Across all Older Adult Programs: <ul style="list-style-type: none"> Continue to provide bus tickets to consumers Continue to acquire vehicles for transportation

R D A

Proposed Annual Updates Programs Across Age Groups

Mental Health Needs and Requests	Program Updates
<ul style="list-style-type: none"> Increase community-wide mental health education Mental Health First Aid training for school teachers 	<ul style="list-style-type: none"> Continue to provide Mental Health First Aid community-wide and to school teachers Increase community's awareness of mental education resources through information dissemination

R D A



Proposed Annual Updates Workforce Education & Training (WET)

Mental Health Needs and Requests <ul style="list-style-type: none"> Increase the number of clinical providers, specifically psychiatrists Specific Training: <ul style="list-style-type: none"> Disaster Mental Health Response CBT for Hoarding/Cluttering Cultural Competency & Humility 	Program Updates <ul style="list-style-type: none"> Intern Therapy for Older Adults <ul style="list-style-type: none"> No new modifications or enhancements planned Psychiatry Residency Program Development <ul style="list-style-type: none"> Increase outreach efforts to UC Davis Include Psychiatric/Mental Health Nurse Practitioners in outreach efforts Student Loan Repayment & Tuition Reimbursement <ul style="list-style-type: none"> Increase program utilization through targeted outreach to HHSa staff Mental Health Professional Development <ul style="list-style-type: none"> Include additional staff training as part of ongoing professional development: Disaster Mental Health Response; CBT for Hoarding/Cluttering; Cultural Competency & Humility
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Proposed Annual Updates Capital Facilities & Technological Needs (Cap/IT)

Program Updates <ul style="list-style-type: none"> Remodeling the Woodland Wellness Center Opening the West Sacramento Wellness Center Telepsychiatry equipment procurement and improvements
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Proposed Annual Updates Innovation

Program Updates <ul style="list-style-type: none"> No new modifications or enhancements planned for Innovation programs: <ul style="list-style-type: none"> Community Outreach and Rural Engagement (CORE) Housing Now



Proposed Annual Updates Housing

Mental Health Needs and Requests <ul style="list-style-type: none"> Increase access to affordable housing for consumers in Yolo County <ul style="list-style-type: none"> Respite Homes Board & Care Ensure safety of residents in transitional housing 	Program Updates <ul style="list-style-type: none"> CalHFA Project <ul style="list-style-type: none"> Continue to pursue the building of affordable units using CalHFA housing Respite/Board & Care <ul style="list-style-type: none"> Identify opportunities or sites to build in-county Board & Care Assess feasibility of patch payment to incentivize in-county Board & Care Providers Transitional Housing <ul style="list-style-type: none"> Work with transitional housing providers to ensure they are aware of this request
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Proposed Annual Updates Other Considerations

Other Considerations	Updates
<ul style="list-style-type: none"> HHSa Consolidation & Integration <ul style="list-style-type: none"> Improve coordination between physical and behavioral health Increase appointment availability Enhance continuum of care HHSa Data and Evaluation <ul style="list-style-type: none"> Improve data collection methods, particularly for LGBT Access to evidence-based practices and journals Improved documentation across services Substance Abuse Services <ul style="list-style-type: none"> Access to detoxification centers 	<ul style="list-style-type: none"> HHSa invested significant resources into quality improvement, service delivery, evaluation, and data collection and will continue to do so Considering a medical assisted detoxification center and alternatives within the County



MHSa Funded Programs & Services

- Will the proposed MHSa Updates adequately address the community's mental health needs?
- Are there additional suggestions for improving MHSa funded programs and services?





MHSA Funded Programs & Services

24

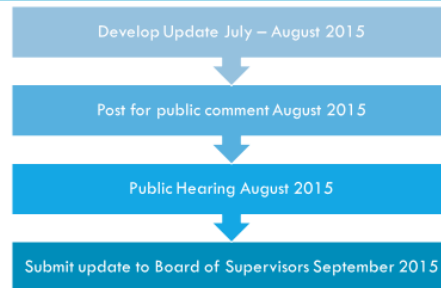
- Will the proposed MHSA Updates adequately address the community's mental health needs?

- Are there additional suggestions for improving MHSA funded programs and services?

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Next Steps

25



R D A

Evaluation and Closing

26

Give us your feedback!

Contact Us:



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R D A



Appendix IV: MHSA Community Program Planning Process: Invitation Flyer

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

Mental Health Services Act (MHSA) Annual Update

Community Input Meetings

We are conducting three community input meetings on Wednesday June 10th
 to:

- ❖ Gather the community’s input on Yolo County’s mental health needs
- ❖ Brainstorm ideas to enhance MHSA funded programs and services documented in the Three-Year Program & Expenditure Plan 2015-2018

Your input will help us to document the successes of MHSA funded programs and services over the past year and to identify the areas for further improvement.

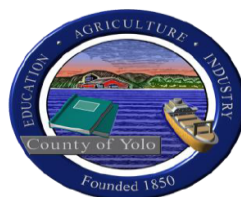
Community Meeting Woodland	Community Meeting West Sacramento	Community Meeting Esparto
9:00 am – 11:00 am June 10, 2015	1:00 pm – 3:00 pm June 10, 2015	4:30 pm – 6:30 pm June 10, 2015
Bauer Building Walker/ Thomson Conference Room 137 N. Cottonwood Street Woodland, CA 95695	Building A Community Room 500-A Jefferson Blvd. Triangle Court West Sacramento, CA 95605	RISE, Inc. Community Services Center 17313 Fremont St. Esparto, CA 95627

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 V: MHSAs Community Program Planning Process: MHSAs Values & Components Handout

Sign-In Sheet: **[Group Type]**

[Date]

Name	Email	Address	Telephone #	Would you like email updates about the community planning process (Yes/No)?





Appendix VI: MHSA Community Program Planning Process: Demographic Form

Demographic Form

[FOCUS/WORK GROUP]

[DATE]

1. Do you identify yourself as a consumer or a family member of a consumer of mental health services?
 - No
 - Consumer
 - Family Member
2. What is your stakeholder affiliation?
 - Government agency, City or County
 - Government agency, State
 - Community-based organization
 - Law Enforcement
 - Education agency
 - Social service agency
 - Veterans or Veterans Organizations
 - Provider of mental health services
 - Provider of alcohol and other drug services
 - Medical or health care organization
 - Other: _____
3. Please indicate your age range:
 - Under 16
 - 16-24
 - 25-59
 - 60 and older
4. What is your ethnicity?
 - Hispanic/Latino
 - Non-Hispanic/Latino
5. What is your race? (select all that apply)
 - White/Caucasian
 - African American/Black
 - Asian or Pacific Islander
 - American Indian/Native Alaskan
 - Multi-Race
 - Other: _____
6. In which part of Yolo County do you live?
 - Brooks
 - Capay
 - Clarksburg
 - Conaway
 - Davis
 - Dunnigan
 - El Macero
 - Esparto
 - Guinda
 - Knights Landing
 - Madison
 - Monument Hills
 - Plainfield
 - Rumsey
 - West Sacramento
 - Winters
 - Woodland
 - Yolo
 - Zamora
7. Please indicate your gender:
 - Female
 - Male
 - Transmale/transman
 - Transfemale/transwoman
 - Intersex
 - Genderqueer
 - Prefer not to answer
 - Other: _____
8. Is English your preferred language?
 - Yes No
 - If you answered "no," what is your preferred language? _____



Appendix VII: MHSA Community Program Planning Process: MHSA Values & Components Handout

Wellness, Recovery, and Resilience

This value is about building services and service systems that helps people living with a mental illness or a mental health issue and their family members to live healthy and full lives. The MHSA funds programs that work on making mental health services better so that more people can receive and use services. MHSA programs contribute to mental well-being for everyone, regardless of age, race/ethnicity, gender, sexuality, language, economics, disability, and other social factors.

Cultural Competence

This value helps ensures that mental health services reflect the values, customs, and beliefs of the people being served. MHSA programs encourage consumers and people who support them to co-create a treatment plan with their provider that builds on the consumers' strengths, goals, cultural background and social values.

Client and Family Driven Services

This value encourages consumers and family members to participate in all phases of developing strong mental health services and programs. This includes help in figuring out what works, what does not work, how to make services better, and then taking this information to create or improve new services and programs. This value understands that the people who need and use mental health services everyday are the ones who know best what is working well and how services can be improved.

Integrated Services

This value recognizes the need for health systems and departments to work together so that consumers will find it easier to get all of the services and supports they need under one roof.

Community Collaborations

This value tries to create more cooperation between mental health services and community-based organizations to make sure the overall health care system runs smoothly and people in the community are getting the services and support they need.





Mental Health Services Act (MHSA) Components

Community Services and Supports (CSS)

Most of the money from the MHSA provides treatment for individuals with serious mental illness, using a “whatever it takes” approach. Programs that support CSS build Full Service Partnerships to provide wraparound services to consumers. CSS programs also support housing developments for people with serious mental illness, since many are homeless.

Prevention and Early Intervention (PEI)

The goal of Prevention & Early Intervention programs is to prevent mental illness from becoming severe and disabling and to improve timely access to services for people who are underserved by the mental health system.

Innovation (INN)

Some MHSA money goes to Innovation projects to try out new ideas for improving mental health services. These projects are called pilot programs and are tried out for a certain amount of time (e.g. 1-3 years), and are chosen because they show strong promise in making mental health services better.

Workforce Education and Training (WET)

Another area MHSA funds is Workforce Education and Training (WET). The goal of WET is to make sure the mental health workforce reflects the diversity of the community. WET programs help train mental health professionals in cultural and language competency and best practices or allow mental health professionals further their education.

Capital Facilities and Technological Needs (CFTN)

The Capital Facilities and Technological Needs (CFTN) part of MHSA helps in the development of buildings, community health centers, as well as technological resources (e.g. computers and data systems). The goal is to improve the locations where patients/clients go to receive mental health services and to make sure the systems are working in a timely and well-organized way.



Appendix VIII: MHSAs Community Program Planning Process: Program Updates Handout

Children (ages 0 – 15)

Continuing Programs
<ul style="list-style-type: none"> Urban Children’s Resiliency Rural Children’s Resiliency Children’s Mental Health Services (FSP) <ul style="list-style-type: none"> Family Partner

Program Updates
<ul style="list-style-type: none"> Considering FSP service delivery by CBO to expand access Increased the number of Family Partners/Peer Navigators Expanded the role of Family Partner to Peer Navigator where appropriate

Transitional Age Youth (ages 16 – 24)

Continuing Programs
<ul style="list-style-type: none"> Urban Children’s Resiliency Rural Children’s Resiliency Pathways to Independence (FSP)

Program Updates
<ul style="list-style-type: none"> Expanded FSP Looking into available space for TAY Wellness Center located in Davis in partnership with existing TAY programs

Adults (ages 25 – 59)

Continuing Programs
<ul style="list-style-type: none"> Wellness Alternatives for Adults (FSP) <ul style="list-style-type: none"> ACT AOT/Laura’s Law Greater Access Program (GAP) Free to Choose

Program Updates
<ul style="list-style-type: none"> Expanded FSP Expanded Peer Navigators and Outreach Specialist Hired Russian and Spanish-speaking bicultural outreach workers Enhanced access to Primary Care for ADMH clients

Older Adults/Seniors (ages 60+)

Continuing Programs
<ul style="list-style-type: none"> Senior Peer Counseling Older Adult Outreach & Assessment (FSP) Friendship Line

Program Updates
<ul style="list-style-type: none"> Expanded capacity for Senior Peer Counseling by partnering with CBO Telepsychiatry: testing equipment Actively recruiting geriatric specialist





Appendix IX: MHSA Community Program Planning Process: Feedback Form

Thank you for your involvement in the Community Program Planning Process for Yolo County’s Mental Health Services Act Annual Update. 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 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 updates reflect my opinions/ideas about how to improve mental health services.				
3. The proposed updates will strengthen mental health services in Yolo County.				
4. The proposed updates are 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 program planning process:

Thank you!



Programs Across Age Groups

Continuing Programs	Program Updates
<ul style="list-style-type: none"> • Crisis Intervention Training (CIT) • Mental Health Services Resource Materials about Local Programs (include updating Yolo211) • Early Signs Program/ASIST 	<ul style="list-style-type: none"> • Hired Telepsychiatry Coordinator • Peer Navigator and Outreach Specialist • Added Benefits Specialists

Crisis Specific Services

Other Considerations	Updates
Establish after-hours CRT authorization process	<ul style="list-style-type: none"> • Community Intervention Program implemented in 4 cities • Offers mobile response for mental health crises • Available at times when Emergency Services for MH crisis is called the most; time is dependent on location
Create a Crisis Respite	
Consider acquiring a Crisis Stabilization Unit	
Consider Development of crisis services in West Sacramento	
Consider a Mobile Crisis to respond with Law Enforcement Agencies	

Workforce Education & Training (WET)

Continuing Programs
<ul style="list-style-type: none"> • Student Loan Repayment <ul style="list-style-type: none"> • Include Tuition Reimbursement to encourage career pathways for ADMH staff and peer/family staff • Staff Training – Essential Learning, Leadership in Mental Health Services <ul style="list-style-type: none"> • UC Davis Psychiatry Residency Internship • Support Staff Customer Service & De-escalation Training • Specialty Clinical Training
Program Updates
<ul style="list-style-type: none"> • Hired Quality Improvement staff • Hired WET Coordinator • WET Coordinator and HR developing career-track Peer Navigator positions • No new updates regarding Psychiatry Residence Internship • Additional Specialty Clinical Training TBD with regard to consolidation efforts

Capital Facilities (CF) & Technological Needs (TN)

Continuing Programs	Program Updates
<ul style="list-style-type: none"> • Yolo Technological Improvement Project – Phase I & Phase II • Mobile Clinic Unit 	<ul style="list-style-type: none"> • Telepsychiatry: <ul style="list-style-type: none"> • Mobile unit obtained • Working with equipment vendor • Hired coordinator staff • Orientation process enhanced: <ul style="list-style-type: none"> • Individualized orientation sessions • Increased orientation slots • Increase efficiency of orientation process • Renovation of Woodland Wellness Center planned for this coming FY



Innovation

Continuing Programs

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

Program Updates

- New programs implemented through CBOs:
 - Integrated Behavioral Health
 - Housing Now

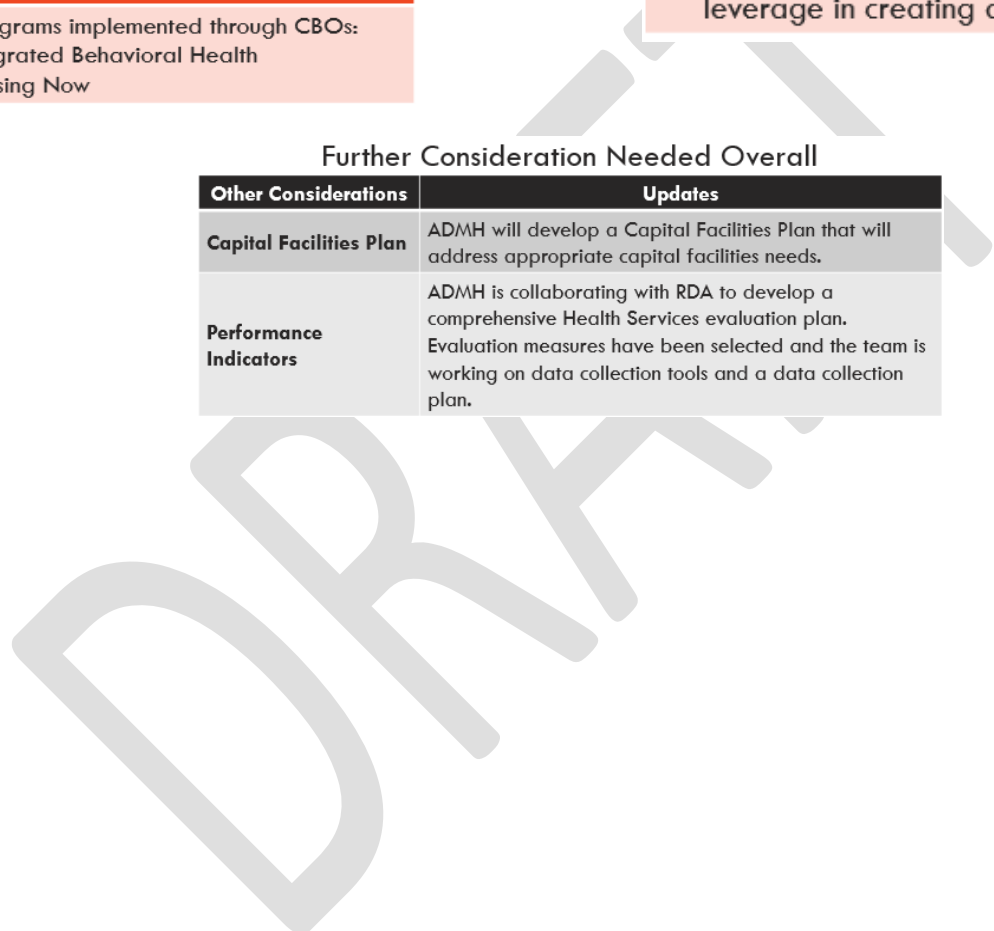
Housing

Housing Update

- Continuing to work with CalHFA and Housing Authority to identify additional resources to leverage in creating additional housing

Further Consideration Needed Overall

Other Considerations	Updates
Capital Facilities Plan	ADMH will develop a Capital Facilities Plan that will address appropriate capital facilities needs.
Performance Indicators	ADMH is collaborating with RDA to develop a comprehensive Health Services evaluation plan. Evaluation measures have been selected and the team is working on data collection tools and a data collection plan.





Appendix X: Mental Health Services Act Summary Program Data FY 11-12, 12-13, 13-14

**MENTAL HEALTH SERVICES ACT (MHSA)
SUMMARY PROGRAM DATA**

Fiscal Year 11-12 (7/1/11 to 6/30/12)

Fiscal Year 12-13 (7/1/12 to 6/30/13)

Fiscal Year 13-14 (7/1/13 to 6/30/14)

MHSA PROGRAMS CSS, INN and PEI Components ²		Primary Service Provider
Page	All CSS, INN and PEI Programs of MHSA	
2	Total Clients and Individuals Served By MHSA in Yolo County	ADMH and Contractors
	Community Services and Supports (CSS) Component	
3	Children’s Mental Health Services (FSP, SD, O/E Programs ³)	ADMH
3	Pathways to Independence for Transition-Age Youth (FSP, SD, O/E Programs)	ADMH
3	Adult Wellness Alternatives (FSP, SD, O/E Programs)	ADMH, Turning Point
3	Older Adult Outreach and Assessment (FSP, SD, O/E Programs)	ADMH
3	CSS Housing and Supportive Services (Primarily FSP Adults)	Turning Point
3	CSS Benefits Specialist (All Ages, All CSS Programs)	ADMH
	Innovation (INN) Component	
4	Integrated Behavioral Health Care	CommuniCare Health Centers
4	Greater Access Program—GAP	YCCC
5	Free to Choose (Harm-Reduction Model Substance Abuse Services)	Turning Point
	Prevention and Early Intervention (PEI) Component	
6	Wellness Project: Urban Children’s Resiliency	Victor CSS
7	Wellness Project: Rural Children’s Resiliency	R.I.S.E.
8	Wellness Project: Senior Peer Counselor Volunteers	ADMH
9	Early Signs Project: Early Signs Training and Assistance	ADMH
10	Early Signs Project: Crisis Intervention Team (CIT) Training	Disability Response/Summers

²CSS: Community Services and Supports; a component of Mental Health Services Act; 55-75% of total MHSA funding.

INN: Innovation; a component of the Mental Health Services Act; 5% of total MHSA funding.

PEI: Prevention and Early Intervention; a component of the Mental Health Services Act; 20% of total MHSA funding.

³FSP: Full Service Partnership, a CSS program service type; provides for comprehensive services to designated seriously mentally ill clients.

SD: System Development, a CSS program service type; provides for selective services to seriously mentally ill clients.

O/E: Outreach and Engagement, a CSS program service type; provides for outreach to un-served or underserved individuals in need of mental health services.





MENTAL HEALTH CLIENTS AND INDIVIDUAL COMMUNITY MEMBERS

SERVED BY MHSA PROGRAMS IN YOLO COUNTY

Fiscal Year 11-12, Fiscal Year 12-13, Fiscal Year 13-14

PEOPLE SERVED BY MHSA PROGRAMS		Clients with SMI ⁴ (New or Existing) Receiving Enhanced Services from MHSA Programs			Individuals Receiving Outreach, Benefits, Prevention, Early MH Intervention, or MH Training Services		
		FY 11-12	FY 12-13	FY 13-14	FY 11-12	FY 12-13	FY 13-14
Page	Community Services and Supports (CSS) Component						
3	Children’s Mental Health Services (FSP, SD, O/E)	66	114	118	94	44	51
3	Pathways to Independence, Transition-Age Youth (FSP, SD, O/E)	87	105	103	122	21	37
3	Adult Wellness Alternatives (FSP, SD, O/E)	320	325	324	200	54	57
3	Older Adult Outreach and Assessment (FSP, SD, O/E)	86	94	94	113	39	41
3	CSS Housing & Supportive Services (dup.CSS count ⁵ ; omitted from total)	[120]	[158]				
3	CSS Benefits Specialist (All Ages, All CSS Programs)				319	259	243
	Innovation (INN) Component						
4	Integrated Behavioral Health Care				466	1676	1920
4	Greater Access Program—GAP				39	80	113
5	Free to Choose (Harm-Reduction Model Substance Abuse Services)	10	69	68			
	Prevention and Early Intervention (PEI) Component						
6	Wellness Project: Urban Children’s Resiliency				3144	3701	4202
7	Wellness Project: Rural Children’s Resiliency				161	156	144
8	Wellness Project: Senior Peer Counselor Volunteers	4	6	3	74	40	37
9	Early Signs Project: Early Signs Training and Assistance				100	247	208
10	Early Signs Project: Crisis Intervention Team (CIT) Training				38	89	79
	TOTAL MH CLIENTS AND INDIVIDUALS SERVED BY MHSA⁶	573	713	707	4870	6406	7132

In Fiscal Year 11-12, **573** new or existing clients with serious mental illness (SMI) were served by MHSA programs. In that same period, **4,870** individuals residing or working in Yolo County, or who were homeless in Yolo County, were served by MHSA programs offering outreach and engagement, benefits assistance, preventative services, early mental health intervention, or specialty training in recognizing and responding to the signs and symptoms of mental illness or suicidal behaviors. A total of **5,443** people in Yolo County received services funded by MHSA between July 1, 2011 and June 30, 2012.

In Fiscal Year 12-13, **713** new or existing clients with serious mental illness (SMI) were served by MHSA programs. In that same period, **6,406** individuals residing or working in Yolo County, or who were

⁴ SMI: Seriously Mentally Ill, e.g., person diagnosed with schizophrenia, bipolar, major depression or schizoaffective disorder.

⁵ Only MHSA CSS clients are eligible for housing supports; hence, these service recipients were included in CSS count, above.

⁶ Source: ADMH Avatar Management Information System (MIS); county records; provider records; performance measures.





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homeless in Yolo County, were served by MHSA programs offering outreach and engagement, benefits assistance, preventative services, early mental health intervention, or specialty training in recognizing and responding to the signs and symptoms of mental illness or suicidal behaviors. A total of **7,119** people in Yolo County received services funded by MHSA between July 1, 2012 and June 30, 2013.

In Fiscal Year 13-14, **707** new or existing clients with serious mental illness (SMI) were served by MHSA programs. In that same period, **4,746** individuals were served by MHSA programs offering outreach and engagement, benefits assistance, preventative services, early mental health intervention, or specialty training in recognizing and responding to the signs and symptoms of mental illness or suicidal behaviors. A total of **7,132** people in Yolo County received services funded by MHSA between July 1 and June 30, 2014.

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COMMUNITY SERVICES AND SUPPORTS (CSS) SUMMARY PROGRAM DATA⁷

Four CSS Programs:

- CSS 1--Rural Children’s Mental Health—Children Ages 0 to 15
- CSS 2--Pathways to Independence for Transition-Age Youth—Ages 16-24
- CSS 3--Wellness Alternatives for Adults—Ages 25-59
- CSS 4--Older Adult Outreach and Assessment—Ages 60 and Over

Three Primary CSS Services to Clients:

Full Service Partnerships (FSP); System Development Clients (SD); Outreach and Engagement (O/E)

Two Supportive Service Programs:

Housing and Supportive Services and Benefits Specialist Services

PRIMARY SERVICE PROVIDERS:

YOLO COUNTY ALCOHOL, DRUG AND MENTAL HEALTH and TURNING POINT COMMUNITY PROGRAMS

		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)
Full Service Partnership Clients by CSS Program and Age				
CSS 1.	Children’s Mental Health (0-15)	6	8	8
CSS 2.	Pathways to Independence for Transition Youth (16-24)	18	24	30
CSS 3.	Wellness Alternatives Program for Adults (25-59)	105	100	112
CSS 4.	Older Adult Outreach and Assessment (60+)	19	21	27
	TOTAL Full Service Partnership Clients	148	153	173
System Development Clients by CSS Program and Age				
CSS 1.	Children’s Mental Health (0-15)	60	106	110
CSS 2.	Pathways to Independence for Transition Youth (16-24)	69	81	73
CSS 3.	Wellness Alternatives Program for Adults (25-59)	215	225	212
CSS 4.	Older Adult Outreach and Assessment (60+)	67	73	67
	TOTAL System Development Clients	411	485	451
Outreach and Engagement by CSS Program and Age				
CSS 1.	Children’s Mental Health (0-15)	94	44	51
CSS 2.	Pathways to Independence for Transition Youth (16-24)	122	21	37
CSS 3.	Wellness Alternatives Program for Adults (25-59)	200	54	57
CSS 4.	Older Adult Outreach and Assessment (60+)	113	39	41
	TOTAL Outreach and Engagement	529	158	166
	TOTAL All Program and Service Types (FSP, SD, O/E)	1088	796	894
CSS Housing and Supportive Services (Housing Stabilization)				
CSS 3.	Total CSS Clients Receiving Supportive Housing Services	120	158	172
	Cost of Supports Provided, including but not limited to: household supplies, rent subsidies, motel stays, utility fees, food, clothing, storage units, furniture, bus passes, used bikes, moving supplies, payment to moving crews (career exploration clients), dump fees, moving truck rental, etc.	\$100,521	\$178,569	\$162,496
CSS Benefits Specialist				
CSS 1-4.	TOTAL Individuals Served Re Benefits (Unduplicated)	319	259	243
	TOTAL Individual Contacts Re Benefits Assistance	1239	882	1074

⁷ Source: ADMH Avatar Management Information System (MIS) and Yolo County records; Turning Point Community Programs records and performance measures.





**“L.I.F.T.” INNOVATION (INN) SUMMARY PROGRAM DATA
 INTEGRATED BEHAVIORAL HEALTH CARE PROGRAM⁸
 SERVICE PROVIDER: COMMUNICARE HEALTH CENTERS, INC.**

INTEGRATED BEHAVIORAL HEALTH CARE SERVICES	Fiscal Year 11-12 6 Mos./new program (1/1/12–6/30/12)	Fiscal Year 12-13 Complete (7/1/12–6/30/13)	Fiscal Year 13-14 Complete (7/1/13–6/30/14)
Psychiatrist (0.25 FTE) – Patients Evaluated	70	209	123
Clinician (1.0 FTE) – Patient Appointments	626	845	1920
New Initial Patients	328	327	274
Case Management (3.0 FTE)			
PAP Coordinator (PAP Applications/Refills)	34	1090	931
SSI Coordinator – SSI Screens/Applications	110	371	389
Chronic Care Coordinator – Patient Contacts	223	620	597
Total Patient L.I.F.T. Team Encounters (Total Contacts)	1075	2580	2309
Unduplicated Patients	466	1676	805

**“L.I.F.T.” INNOVATION (INN) SUMMARY PROGRAM DATA
 GREATER ACCESS PROGRAM—“G.A.P.”⁹
 SERVICE PROVIDER: YOLO COMMUNITY CARE CONTINUUM (YCCC)**

GREATER ACCESS PROGRAM	Fiscal Year 11-12 6 Mos./new program (1/1/12–6/30/12)	Fiscal Year 12-13 Complete (7/1/12–6/30/13)	Fiscal Year 13-14 Complete (7/1/13--6/30/14)
Individuals Served By “GAP” (Unduplicated)	39	80	113
Numbers of Individuals, Type of Services Received:			
Substance Abuse Support	20	37	66
Mental Health Support	37	72	37
Help Developing a Personal Recovery Plan	29	48	49
Psychiatric Evaluation	33	71	77
Safe Harbor Crisis Residential (avoid hospitalization)	1	5	6
Substance Abuse Treatment at Walter’s House	10	5	16
Support to Enable Individual to be Housed	27	69	84
Referrals to Resources in the Community	36	70	78
Assistance Accessing Benefits and Medications	19	59	90

⁸ Source: CommuniCare Health Centers, provider records and performance measures; L.I.F.T. Programs started after 1/1/12.

⁹ Source: Yolo Community Care Continuum, provider records and performance measures; L.I.F.T. Programs started after 1/1/12.



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“L.I.F.T.” INNOVATION (INN) PROGRAM DATA¹⁰

**“FREE TO CHOOSE” Substance Abuse Treatment Program for Clients with Co-Occurring Disorders
SERVICE PROVIDER: TURNING POINT COMMUNITY PROGRAMS**

FREE TO CHOOSE	Fiscal Year 11-12 2 months (new program) (5/1/12–6/30/12)	Fiscal Year 12-13 Complete (7/1/12–6/30/13)	Fiscal Year 13-14 First Half (7/1/13–12/31/13)
Clients Served (Unduplicated Count)	10	69	68
Total Client Contacts	45	721	299
Clients completing 1 or more modules		38	41
Clients completing Module 1 only		13	11
Clients completing Module 2 only		6	1
Clients completing Modules 1 and 2		17	12
Clients completing Modules 1, 2 and 3		2	17
Clients Served By Age			
16 to 24	3	11	12
25 to 59	7	51	53
60+	0	7	3
Clients Served By Gender			
Males	9	35	41
Females	1	34	27
Clients Served By Ethnicity			
Caucasian	7	44	48
African American	3	6	5
Asian/Pacific Islander	0	2	1
Hispanic	0	17	13
Other	0	0	1
Clients Served By Primary Language			
English	10	67	67
Spanish	0	2	1
Clients Served By City of Residence			
Davis	5	19	18
Esparto	1	0	0
Sacramento [boarding]	0	3	4
West Sacramento	2	12	6
Winters	0	0	3
Woodland	2	33	37
Homeless	0	2	0
Clients Served By Primary Diagnosis			
Anxiety	0	1	0
Bipolar	1	12	8
Depression	2	7	12
Dependent Personality Disorder	0	1	0
Drug-Induced Delirium	0	0	1
Manic Disorder	0	2	3
Oppositional Disorder	1	1	0
PTSD	0	5	2
Schizophrenia	4	12	14
Schizoaffective Disorder	2	24	22
Unspecified Affective Psychosis	0	2	2
Unspecified Psychosis	0	2	4

¹⁰ Source: Turning Point Community Programs, provider records and performance measures.





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**PREVENTION & EARLY INTERVENTION (PEI) SUMMARY PROGRAM DATA
PEI WELLNESS PROJECT: URBAN CHILDREN’S RESILIENCY BUILDING PROGRAM¹¹
SERVICE PROVIDER: VICTOR COMMUNITY SUPPORT SERVICES**

	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)
Clients Served (Unduplicated count; includes general audiences)	3144	3701	4202
Clients Served By Age (Data for participants in specific programs.)¹²			
0 to 15 (Children)	475	671	727
16 to 24 (Transition-Age Youth)	32	46	36
Clients Served By Gender			
Males	275	407	392
Females	232	329	271
Clients Served By Ethnicity			
African American	21	35	37
Latino	198	240	367
Native American	3	5	11
Caucasian	15	231	213
Asian	19	31	25
Pacific Islander	4	47	22
Other, including multi-cultural individuals	111	97	99
Unknown	0	50	0
Clients Served By Primary Language			
English	220	532	475
Spanish	73	166	248
Russian	0	13	10
Farsi	0	2	3
Other	4	23	27
Hours of Service By School District or Other Location	Hours of Service	Hours of Service	Hours of Service
Davis Joint Unified SD	154	177	256
Washington Unified SD (West Sacramento)	237	446	369
Woodland Joint Unified SD	202	633	358
Yolo County Office of Education/Other SD	58	70	157
In Community/Other Non-SD	138	280	237
Hours of Service By Identified Target Population	Hours of Service	Hours of Service	Hours of Service
Children/Youth At-Risk	278	595	376
Children/Youth In Onset of Psychiatric Illness	16	117	169
Children/Youth At-Risk of School Failure	588	1255	1057
Trauma Exposed Children/Youth	273	587	590
Children/Youth in Stressed Families	519	1367	1134

¹¹ Source: Victor Community Support Services, provider records and performance measures.

¹² N.B.: Demographic information is collected for participants in specific evidence-based and promising practice programs involving specific curricula and multiple episodes of contact. Demographics are not tracked for single presentation or large audience contact.



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PREVENTION & EARLY INTERVENTION (PEI) SUMMARY PROGRAM DATA

PEI WELLNESS PROJECT: RURAL CHILDREN'S RESILIENCY BUILDING PROGRAM¹³

SERVICE PROVIDER: RURAL INNOVATIONS IN SOCIAL ECONOMICS, INC. (R.I.S.E.)

	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)
Clients Served (Unduplicated Count)	161	156	144
Clients Served By Age			
0 to 15 (Children)	132	116	104
16 to 24 (Transition-Age Youth)	29	40	40
Clients Served By Gender			
Males	87	80	75
Females	74	76	69
Clients Served By Ethnicity			
African American	3	2	2
Latino	115	124	115
Native American	0	0	0
Caucasian	39	28	25
Asian	0	0	0
Pacific Islander	0	0	0
Other	4	1	1
Unknown / Declined to State	0	1	1
Clients Served By Primary Language			
English	61	42	38
Spanish	100	114	106
Russian	0	0	0
Other	0	0	0
Clients Served By School District			
Esparto Unified School District	51	50	38
Winters Joint Unified School District	110	106	106

¹³ Source: Rural Innovations in Social Economics, Inc. (R.I.S.E.), provider records and performance measures.



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**PREVENTION & EARLY INTERVENTION (PEI) SUMMARY PROGRAM DATA
 PEI WELLNESS PROJECT: SENIOR PEER COUNSELOR VOLUNTEER PROGRAM¹⁴
 SERVICE PROVIDER: YOLO COUNTY ALCOHOL, DRUG AND MENTAL HEALTH--PEI UNIT**

	Fiscal Year 11-12 Complete (7/1/11–6/30/12)	Fiscal Year 12-13 Complete (7/1/12–6/30/13)	Fiscal Year 13-14 Complete (7/1/13– 6/30/14)
TOTAL OLDER ADULTS (60+) SERVED	78	46	40
Clients Served By Gender			
Males	57	14	12
Females	21	32	28
Clients Served By Ethnicity			
	Detail Not Available		
African American		2	1
Latino		8	9
Native American		0	0
Caucasian		33	30
Asian		0	0
Pacific Islander		0	0
Other		2	0
Unknown		1	0
Clients Served By Primary Language			
English	✓	44	39
Spanish	✓	2	1
Russian		0	0
Other		0	0

¹⁴ Source: ADMH Avatar MIS and Yolo County Records





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PREVENTION & EARLY INTERVENTION (PEI) SUMMARY PROGRAM DATA
PEI EARLY SIGNS PROJECT: EARLY SIGNS TRAINING AND ASSISTANCE PROGRAM¹⁵
SERVICE PROVIDER: YOLO COUNTY ALCOHOL, DRUG AND MENTAL HEALTH--PEI UNIT

	Fiscal Year 11-12 Complete (7/1/11–6/30/12)	Fiscal Year 12-13 Complete (7/1/12–6/30/13)	Fiscal Year 13-14 Complete (7/1/13–6/30/14)
Individuals Served (Unduplicated Count)	100	247	208
Individuals Served By Age			
16 to 24 (Transition-Age Youth)	18	68	50
25 to 59 (Adult)	54	161	135
60+ (Older Adult)	28	15	9
Declined to State	0	3	0
Individuals Served By Gender			
Males	15	47	29
Females	85	197	179
Other	0	2	0
Declined to State	0	1	0
Individuals Served By Ethnicity		Partial ethnicity data.	Partial ethnicity data.
African American	3	8	10
Latino	33	73	70
Native American	0	2	2
Caucasian	56	105	85
Asian	5	13	17
Pacific Islander	0	1	2
Other	2	7	11
Unknown/Declined to State	1	7	4
Individuals Served By Primary Language		Partial data.	
English	✓	✓	✓
Spanish	✓	✓	✓
Russian			
Locations Where Trainings Were Offered			
Davis	✓	✓	✓
West Sacramento	✓	✓	✓
Winters	✓	✓	
Woodland	✓	✓	✓
Other/Rural/Unincorporated	✓	✓	✓

¹⁵ Source: ADMH Avatar MIS and Yolo County Records





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**PREVENTION & EARLY INTERVENTION (PEI) SUMMARY PROGRAM DATA
PEI EARLY SIGNS PROJECT: CRISIS INTERVENTION TEAM (CIT) TRAINING¹⁶
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
Russian	Detail not available	Detail not available	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 Sheriff's 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

¹⁶ Source: Disability Response/M. Summers, provider records and performance measures.





Appendix XI: Mental Health Services Act Summary Program Data FY 14-15

MENTAL HEALTH SERVICES ACT (MHSA)

SUMMARY PROGRAM DATA

Fiscal Year 14-15 (First Quarter, 7/1/14 to 09/30/14)
 Fiscal Year 14-15 (Second Quarter, 10/1/14 to 12/31/14)
 Fiscal Year 14-15 (Third Quarter, 1/1/15 to 03/31/15)
 Fiscal Year 14-15 (Fourth Quarter, 4/1/15 to 06/30/15)
 Fiscal Year 14-15 (FULL YEAR, 7/1/14 to 06/30/15)

MHSA PROGRAMS CSS, INN and PEI Components ¹⁷		Primary Service Provider
Page	All CSS, INN and PEI Programs of MHSA	
2	Total Clients and Individuals Served By MHSA in Yolo County	Yolo County Behavioral Health Services and Contractors
Community Services and Supports (CSS) Component		
3	Children’s Mental Health Services (FSP, SD, O/E Programs ¹⁸)	Yolo County Behavioral Health Services
3	Pathways to Independence for Transition-Age Youth (FSP, SD, O/E Programs)	Yolo County Behavioral Health Services
3	Adult Wellness Alternatives (FSP, SD, O/E Programs)	Yolo County Behavioral Health Services, Turning Point
3	Older Adult Outreach and Assessment (FSP, SD, O/E Programs)	Yolo County Behavioral Health Services
3	CSS Housing and Supportive Services (Primarily FSP Adults)	Turning Point
3	CSS Benefits Specialist (All Ages, All CSS Programs)	Yolo County Behavioral Health Services
4	CSS Free to Choose (SD)	Turning Point
5	CSS Access To Care For Homeless And The Indigent Program (SD)	Yolo County Community Care Continuum
Innovation (INN) Component		
6	Community Outreach and Rural Engagement (CORE)	CommuniCare Heath Centers
7	Housing Now	Yolo County Community Care Continuum
Prevention and Early Intervention (PEI) Component		
8	Wellness Project: Urban Children’s Resiliency	Victor Community Support Services
9	Wellness Project: Rural Children’s Resiliency	Rural Innovations In Social Economics, Inc. (R.I.S.E.)
10	Wellness Project: Senior Peer Counselor Volunteers	Yolo County Behavioral Health Services
11	Early Signs Project: Early Signs Training and Assistance	Yolo County Behavioral Health Services
12	Early Signs Project: Crisis Intervention Team (CIT) Training	Disability Response/Summers

¹⁷CSS: Community Services and Supports; a component of Mental Health Services Act; 55-75% of total MHSA funding.

INN: Innovation; a component of the Mental Health Services Act; 5% of total MHSA funding.

PEI: Prevention and Early Intervention; a component of the Mental Health Services Act; 20% of total MHSA funding.

¹⁸FSP: Full Service Partnership, a CSS program service type; provides for comprehensive services to designated seriously mentally ill clients.

SD: System Development, a CSS program service type; provides for selective services to seriously mentally ill clients.

O/E: Outreach and Engagement, a CSS program service type; provides for outreach to un-served or underserved individuals in need of mental health services.





Yolo County Department of Alcohol, Drug, and Mental Health

MHSA 3-Year Plan Annual Update: MHSA Values

**MENTAL HEALTH CLIENTS AND INDIVIDUAL COMMUNITY MEMBERS
SERVED BY MHSA PROGRAMS IN YOLO COUNTY**

Fiscal Year 14-15

		Clients with SMI ¹⁹ (New or Existing) Receiving Enhanced Services from MHSA Programs					Individuals Receiving Outreach, Benefits, Prevention, Early MH Intervention, or MH Training Services				
		1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Full Year	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Full Year
Page	Community Services and Supports (CSS) Component										
3	Children’s Mental Health Services (FSP, SD, O/E)	35	33				16	21			
3	Pathways to Independence, Transition-Age Youth (FSP, SD, O/E)	62	65				17	19			
3	Adult Wellness Alternatives (FSP, SD, O/E)	282	300				66	58			
3	Older Adult Outreach and Assessment (FSP, SD, O/E)	71	75				5	11			
3	CSS Housing & Supportive Services (dup.CSS count ²⁰ ; omitted from total)	[65]	[38]								
3	CSS Benefits Specialist (All Ages, All CSS Programs)						115	87			
4	CSS Free To Choose	40	44								
5	CSS Access To Care For Homeless And The Indigent Program						33	48			
	Innovation (INN) Component										
4	Community Outreach and Rural Engagement (CORE)						82	86			
4	Housing Now						4	33			
	Prevention and Early Intervention (PEI) Component										
6	Wellness Project: Urban Children’s Resiliency						452	485			
7	Wellness Project: Rural Children’s Resiliency						71	12			
8	Wellness Project: Senior Peer Counselor Volunteers						22	7			
9	Early Signs Project: Early Signs Training and Assistance						84	102			
10	Early Signs Project: Crisis Intervention Team (CIT) Training						23	17			
	TOTAL MH CLIENTS AND INDIVIDUALS SERVED BY MHSA²¹	490	517				990	986			

¹⁹ SMI: Seriously Mentally Ill, e.g., person diagnosed with schizophrenia, bipolar, major depression or schizoaffective disorder.

²⁰ Only MHSA CSS clients are eligible for housing supports; hence, these service recipients were included in CSS count, above.

²¹ Source: Yolo County Behavioral Health Services Avatar Management Information System (MIS); county records; provider records; performance measures.





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In the first half of Fiscal Year 14-15, **1,007** new or existing clients with serious mental illness (SMI) were served by MHSA programs. In that same period, **1,976** individuals residing or working in Yolo County, or who were homeless in Yolo County, were served by MHSA programs offering outreach and engagement, benefits assistance, preventative services, early mental health intervention, or specialty training in recognizing and responding to the signs and symptoms of mental illness or suicidal behaviors. A total of **2,983** people in Yolo County received services funded by MHSA between July 1, 2014 and December 31, 2014.

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Yolo County Department of Alcohol, Drug, and Mental Health

MHSA 3-Year Plan Annual Update: MHSA Values

COMMUNITY SERVICES AND SUPPORTS (CSS) SUMMARY PROGRAM DATA²²

Three Primary CSS Services to Clients:

Full Service Partnerships (FSP); General System Development Clients (SD); Outreach and Engagement (O/E)

Four CSS FSP Programs:

CSS 1- Children’s Mental Health – Children Ages 0-15	CSS 3- Wellness Alternatives for Adults – Ages 25-59
CSS2 – Pathways to Independence for Transition Age Youth (TAY) – Ages 16-24	CSS 4 –Older Adult Outreach and Assessment – Ages 60 and Over

Two Supportive Service Programs:

Housing and Supportive Services and Benefits Specialist Services

Two General Systems Development Programs

Free to Choose and Access to Care for Homes and the Indigent Program (ACHIP; AKA GAP)

PRIMARY SERVICE PROVIDERS:

Yolo County Health and Human Services Agency (Formerly ADMH) and Turning Point Community Programs

		FY 14-15 1 st Quarter (7/1/14 – 9/30/14)	FY 14-15 2 nd Quarter (10/1/14 – 12/31/14)	FY 14-15 3 rd Quarter (1/1/15 – 3/31/15)	FY 14-15 4 th Quarter (4/1/15 – 6/30/15)	FY 14-15 Full Year (7/1/14 – 6/30/15)
Full Service Partnership Clients by CSS Program and Age						
CSS 1.	Children’s Mental Health (0-15)	5	2			
CSS 2.	Pathways to Independence for Transition Youth (16-24)	19	20			
CSS 3.	Wellness Alternatives for Adults (25-59)	97	96			
CSS 4.	Older Adult Outreach and Assessment (60+)	24	28			
TOTAL Full Service Partnership Clients		145	146			
System Development Clients by CSS Program and Age						
CSS 1.	Children’s Mental Health (0-15)	30	31			
CSS 2.	Pathways to Independence for TAY (16-24)	43	45			
CSS 3.	Wellness Alternatives for Adults (25-59)	185	204			
CSS 4.	Older Adult Outreach and Assessment (60+)	51	47			
	Free To Choose	40	44			
	Access To Care For Homeless And The Indigent Program	33	48			
TOTAL System Development Clients		309	327			
Outreach & Engagement by CSS Program and Age						
CSS 1.	Children’s Mental Health (0-15)	16	21			
CSS 2.	Pathways to Independence for Transition Youth (16-24)	17	19			
CSS 3.	Wellness Alternatives for Adults (25-59)	66	58			
CSS 4.	Older Adult Outreach and Assessment (60+)	5	11			
TOTAL Outreach and Engagement		104	109			
TOTAL All Program and Service Types (FSP, SD, O/E)		558	582			
CSS Housing & Supportive Services (Housing Stabilization)						
CSS 3.	Total CSS Clients Receiving Supportive Housing Services	65	38			
	Cost of Supports Provided ²³	\$40,886.54	\$44,272.16			
CSS Benefits Specialist						
CSS 1-4.	TOTAL Individuals Served Re Benefits (Unduplicated)	115	87			
TOTAL Individual Contacts Re Benefits Assistance		312	308			

COMMUNITY SERVICES AND SUPPORTS (CSS) SUMMARY PROGRAM DATA

²² Source: Yolo County Behavioral Health Services Avatar MIS and Yolo County records; Turning Point Community Programs records and performance measures, and Yolo Community Care Continuum Programs records and performance measures.

²³ Supportive Housing Services Cost of Supports Provided include but is not limited to: household supplies, rent subsidies, motel stays, utility fees, food, clothing, storage units, furniture, bus passes, used bikes, moving supplies, payment to moving crews (career exploration clients), dump fees, moving truck rental, etc.





Yolo County Department of Alcohol, Drug, and Mental Health

MHSA 3-Year Plan Annual Update: MHSA Values

“FREE TO CHOOSE” Substance Abuse Treatment Program for Clients with Co-Occurring Disorders²⁴

SERVICE PROVIDER: TURNING POINT COMMUNITY PROGRAMS

FREE TO CHOOSE	FY 14-15 1 st Quarter (7/1/14 – 9/30/14)	FY 14-15 2 nd Quarter (10/1/14 – 12/31/14)	FY 14-15 3 rd Quarter (1/1/15 – 3/31/15)	FY 14-15 4 th Quarter (4/1/15 – 6/30/15)	FY 14-15 Full Year (7/1/14 – 6/30/15)
Clients Served (Unduplicated Count)	40	44			
Total Client Contacts					
Clients completing 1 or more modules	14	18			
Clients completing Module 1 only	0	6			
Clients completing Module 2 only	3	4			
Clients completing Modules 1 and 2	14	8			
Clients completing Modules 1, 2 and 3					
Clients Served By Age					
16 to 24	3	4			
25 to 59	34	34			
60+	1	1			
Clients Served By Gender					
Males	26	27			
Females	12	11			
Clients Served By Ethnicity					
Caucasian	24	26			
African American	1	4			
Asian/Pacific Islander	1	1			
Hispanic	11	8			
Other	1	0			
Clients Served By Primary Language					
English	38	39			
Spanish	0	0			
Clients Served By City of Residence					
Davis	9	8			
Esparto	0	0			
Sacramento [boarding]	2	3			
West Sacramento	3	4			
Winters	1	2			
Woodland	23	22			
Homeless	0	0			
Clients Served By Primary Diagnosis					
Anxiety	0	0			
Bipolar	3	3			
Depression	5	5			
Dependent Personality Disorder	0	0			
Drug-Induced Delirium	1	1			
Manic Disorder	0	0			
Oppositional Disorder	0	0			
PTSD	1	1			
Schizophrenia	22	23			
Schizoaffective Disorder	3	3			
Unspecified Affective Psychosis	2	2			
Unspecified Psychosis	1	1			

COMMUNITY SERVICES AND SUPPORTS (CSS) SUMMARY PROGRAM DATA

²⁴ Source: Yolo County Behavioral Health Services Avatar MIS and Yolo County records; Turning Point Community Programs records and performance measures.





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ACCESS TO CARE FOR HOMELESS AND THE INDIGENT PROGRAM —“ACHIP”²⁵
SERVICE PROVIDER: YOLO COMMUNITY CARE CONTINUUM (YCCC)

	FY 14-15 1 st Quarter (7/1/14 – 9/30/14)	FY 14-15 2 nd Quarter (10/1/14 – 12/31/14)	FY 14-15 3 rd Quarter (1/1/15 – 3/31/15)	FY 14-15 4 th Quarter (4/1/15 – 6/30/15)	FY 14-15 Full Year (7/1/14 – 6/30/15)
Individuals Served By “ACHIP” (Unduplicated)	33	48			
Numbers of Individuals, Type of Services Received:					
Substance Abuse Support	18	28			
Mental Health Support	33	48			
Help Developing a Personal Recovery Plan	27	30			
Psychiatric Evaluation	30	45			
Safe Harbor Crisis Residential (avoid hospitalization)	12	20			
Substance Abuse Treatment at Walter’s House	11	12			
Support to Enable Individual to be Housed	7	12			
Referrals to Resources in the Community	27	45			
Assistance Accessing Benefits and Medications	18	23			
Age					
16 to 24	2	3			
25 to 59	29	42			
60+	2	3			
Clients Served By Gender					
Males	19	28			
Females	14	20			
Clients Served By Ethnicity					
Caucasian	23	35			
African American	2	3			
Asian/Pacific Islander					
Hispanic	8	10			
Russian					
Other					
Clients Served By Primary Language					
English	32	48			
Spanish	1				
Russian					
Clients Served By Location of Service					
Davis	6	7			
Esparto					
West Sacramento	5	12			
Winters					
Woodland	22	29			
Clients Served By Primary Diagnosis					
SMI	33	48			
Non SMI					

L.I.F.T.” INNOVATION (INN) SUMMARY PROGRAM DATA
 (YEAR 1 OF 3 YEAR CYCLE)

²⁵ Source: Yolo Community Care Continuum Programs records and performance measures.





Yolo County Department of Alcohol, Drug, and Mental Health

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COMMUNITY OUTREACH AND RURAL ENGAGEMENT (C.O.R.E.) PROGRAM²⁶

CREANDO RECURSOS Y ENLACES PARA OPORTUNIDADES (C.R.E.O.)

SERVICE PROVIDER: COMMUNICARE HEALTH CENTERS, INC.

	FY 14-15 1st Quarter (7/1/14 – 9/30/14)	FY 14-15 2nd Quarter (10/1/14 – 12/31/14)	FY 14-15 3rd Quarter (1/1/15 – 3/31/15)	FY 14-15 4th Quarter (4/1/15 – 6/30/15)	FY 14-15 Full Year (7/1/14 – 6/30/15)
Total Clients Served					
New Clients Served (Unduplicated)	82	86			
Clients Served by Age					
Children 0-15	0	0			
TAY 16-24	5	3			
Adult 25-59	69	77			
60+	8	6			
Clients Served by Gender					
Males	23	23			
Females	59	63			
Clients Served by Primary Language					
English	19	21			
Spanish	63	65			
Russian	0	0			
Clients Served by Primary Diagnosis					
SMI	0	0			
Non SMI	82	86			
Summary					
New Screening Completed	82	86			
Carry-Over CORE clients	0	48			
Active CORE Clients	49	101			
NEW Counseling Appointments	89	32			
Clients Graduated	1	0			
Appointments Completed with B2H Clients	0	37			
Number of New Patients By Services Provided					
CORE Screenings	82	86			
BH Counseling	30	29			
Psychiatrist	9	7			
Number of Carry-over CORE Clients					
Case Management	0	50			
B2H Case Management	0	0			
BH Counseling	0	28			
Psychiatry	0	9			
CORE Clients Served by Service Location					
<i>New & Carryover</i>					
Woodland	30	41			
West Sacramento	38	36			
Davis	14	9			
Referrals Returned or Closed					
Successful Completion	1	0			
Declined Services	0	0			
Moved	0	1			
Not Approved	33	33			
Other (No Longer eligible, no contact, on hold)	0	8			

²⁶ Source: CommuniCare Health Centers, provider records and performance measures; LIFT Programs started July 2014.





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**“L.I.F.T.” INNOVATION (INN) SUMMARY PROGRAM DATA
(YEAR 1 OF 3 YEAR CYCLE)**

HOUSING NOW ²⁷

SERVICE PROVIDER: YOLO COMMUNITY CARE CONTINUUM (YCCC)

	FY 14-15 1 st Quarter (7/1/14 – 9/30/14)	FY 14-15 2 nd Quarter (10/1/14 – 12/31/14)	FY 14-15 3 rd Quarter (1/1/15 – 3/31/15)	FY 14-15 4 th Quarter (4/1/15 – 6/30/15)	FY 14-15 Full Year (7/1/14 – 6/30/15)
Total Clients Enrolled (Unduplicated Count)					
Newly Enrolled	4	33			
Newly Housed (households)	0	5			
Newly Housed (total people)	0	5			
Eviction Prevention	0	0			
Outreach	16	113			
Clients Served By Age					
16 to 24	0	2			
25 to 59	4	31			
60+	0	0			
Clients Served By Gender					
Males	0	17			
Females	4	16			
Clients Served By Ethnicity					
Caucasian	3	20			
African American	0	8			
Asian/Pacific Islander	0	1			
Hispanic	1	4			
Russian	0	0			
Other	0	0			
Clients Served By Primary Language					
English	✓	✓			
Spanish	✓	✓			
Russian					
Clients Served By City of Origin					
Davis	0	1			
Esparto	0	0			
West Sacramento	0	23			
Winters	0	1			
Woodland	4	8			

²⁷ Source: Yolo Community Care Continuum Programs records and performance measures; LIFT Programs started July 2014.





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**PREVENTION & EARLY INTERVENTION (PEI) SUMMARY PROGRAM DATA
PEI WELLNESS PROJECT: URBAN CHILDREN'S RESILIENCY BUILDING PROGRAM²⁸
SERVICE PROVIDER: Victor Community Support Services (VCSS)**

SERVICE PROVIDER: VICTOR COMMUNITY SUPPORT SERVICES	Fiscal Year 14-15 1st Quarter (7/1/14 – 9/30/14)	Fiscal Year 14-15 2nd Quarter (10/1/14 – 12/31/14)	Fiscal Year 14-15 3rd Quarter (1/1/15 – 3/31/15)	Fiscal Year 14-15 4th Quarter (4/1/15 – 6/30/15)	Fiscal Year 14-15 FULL YEAR (7/1/15 – 6/30/15)
Total Clients Served (UNDUPLICATED COUNT)²⁹	663	519			
Total Clients Served (Duplicated count; includes general audiences)³⁰	1522	1409			
Clients Served By Age - (Data for participants in specific programs.)³¹					
0 to 15 (Children)	31	327			
16 to 24 (Transition-Age Youth)	5	26			
Clients Served By Gender					
Males	18	193			
Females	18	165			
Transgender	0	0			
Clients Served By Ethnicity					
African American	0	15			
Latino	29	197			
Native American	0	2			
Caucasian	3	109			
Asian	1	12			
Pacific Islander	0	1			
Other, including multi-cultural individuals	3	21			
Unknown	0	0			
Clients Served By Primary Language					
English	19	225			
Spanish	15	118			
Russian	1	4			
Other	1	11			
Hours of Service By School District or Other Location	Hours of Service	Hours of Service	Hours of Service	Hours of Service	Hours of Service
Davis Joint Unified SD	18	76.5			
Washington Unified SD (West Sacramento)	10.83	80			
Woodland Joint Unified SD	76.67	167.75			
Yolo County Office of Education/Other SD	7	28			
In Community/Other Non-SD	48.33	31			
Hours of Service By Identified Target Population	Hours of Service	Hours of Service	Hours of Service	Hours of Service	Hours of Service
Children/Youth At-Risk	63.83	66			

²⁸ Source: Victor Community Support Services, provider records and performance measures.

²⁹ Clients Served Unduplicated count includes only Selective Clients and a client is counted only once per service period regardless of the number of programs or services they participate in.

³⁰ Clients Served count includes Selective and Universal Client counts and included participants from general audiences.

³¹ Selective Services Count: Demographic information is collected for participants in specific evidence-based and promising practice programs involving specific curricula and multiple episodes of contact. Demographics are not tracked for single presentation or large audience contact.





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Children/Youth In Onset of Psychiatric Illness	48.17	48.5			
Children/Youth At-Risk of School Failure	130.83	337.50			
Trauma Exposed Children/Youth	100.17	207			
Children/Youth in Stressed Families	134.83	380			

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Yolo County Department of Alcohol, Drug, and Mental Health

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PREVENTION & EARLY INTERVENTION (PEI) SUMMARY PROGRAM DATA

PEI WELLNESS PROJECT: RURAL CHILDREN’S RESILIENCY BUILDING PROGRAM³²

SERVICE PROVIDER: RURAL INNOVATIONS IN SOCIAL ECONOMICS, INC. (R.I.S.E.)

	FY 14-15 1st Quarter (7/1/14 – 9/30/14)	FY 14-15 2nd Quarter (10/1/14 – 12/31/14)	FY 14-15 3rd Quarter (1/1/15 – 3/31/15)	FY 14-15 4th Quarter (4/1/15 – 6/30/15)	FY 14-15 Full Year (7/1/14 – 6/30/15)
Clients Served (Unduplicated Count)					
	71	12			
Clients Served By Age					
0 to 15 (Children)	25	4			
16 to 24 (Transition-Age Youth)	48	7			
Clients Served By Gender					
Males	20	4			
Females	49	11			
Clients Served By Ethnicity					
African American	0	0			
Latino	71	13			
Native American	0	0			
Caucasian	0	0			
Asian	0	0			
Pacific Islander	0	0			
Other	0	0			
Unknown / Declined to State	0	0			
Clients Served By Primary Language					
English	71	13			
Spanish	0	0			
Russian	0	0			
Other	0	0			
Clients Served By School District					
Esparto Unified School District	0	0			
Winters Joint Unified School District	73	11			

³² Source: Rural Innovations in Social Economics, Inc. (R.I.S.E.), provider records and performance measures.





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PREVENTION & EARLY INTERVENTION (PEI) SUMMARY PROGRAM DATA
PEI WELLNESS PROJECT: SENIOR PEER COUNSELOR VOLUNTEER PROGRAM³³
SERVICE PROVIDER: CITIZEN'S WHO CARE

	FY 14-15 1 st Quarter (7/1/14 – 9/30/14)	FY 14-15 2 nd Quarter (10/1/14 – 12/31/14)	FY 14-15 3 rd Quarter (1/1/15 – 3/31/15)	FY 14-15 4 th Quarter (4/1/15 – 6/30/15)	FY 14-15 Full Year (7/1/14 – 6/30/15)
TOTAL OLDER ADULTS (60+) SERVED	22	7			
Clients Served By Gender					
Males	9	2			
Females	13	5			
Clients Served By Ethnicity					
African American	1	2			
Latino	3				
Native American					
Caucasian	18	5			
Asian					
Pacific Islander					
Other					
Unknown					
Clients Served By Primary Language					
English	22	7			
Spanish					
Russian					
Other					
Locations					
Davis	✓	✓			
West Sacramento	✓	✓			
Winters					
Woodland	✓	✓			
Esparto	✓	✓			
Other/Rural/Unincorporated					

³³ Source: Yolo County Behavioral Health Services Avatar MIS and Yolo County Records.





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PREVENTION & EARLY INTERVENTION (PEI) SUMMARY PROGRAM DATA

PEI EARLY SIGNS PROJECT: EARLY SIGNS TRAINING AND ASSISTANCE PROGRAM³⁴

SERVICE PROVIDER: YOLO COUNTY HEALTH AND HUMAN SERVICES AGENCY--PEI UNIT

	FY 14-15 1st Quarter (7/1/14 – 9/30/14)	FY 14-15 2nd Quarter (10/1/14 – 12/31/14)	FY 14-15 3rd Quarter (1/1/15 – 3/31/15)	FY 14-15 4th Quarter (4/1/15 – 6/30/15)	FY 14-15 Full Year (7/1/14 – 6/30/15)
Individuals Served (Unduplicated Count)					
	84	102			
Individuals Served By Age					
0-15 (Children)		1			
16 to 25 (Transition-Age Youth)	0	36			
26 to 59 (Adult)	50	59			
60+ (Older Adult)	12	6			
Declined to State	0	0			
Individuals Served By Gender					
Males	8	35			
Females	76	66			
Other					
Declined to State					
Individuals Served By Ethnicity					
African American	2	3			
Latino	31	30			
Native American	1	4			
Caucasian	35	50			
Asian	12	14			
Pacific Islander	1	1			
Other	2	4			
Unknown/Declined to State	1	1			
Individuals Served By Primary Language					
English	75	94			
Spanish	4	1			
Russian	2	1			
Locations Where Trainings Were Offered					
Davis	✓	✓			
West Sacramento	✓	✓			
Winters					
Woodland	✓	✓			
Other/Rural/Unincorporated					

³⁴ Source: Yolo County Behavioral Health Services Avatar MIS and Yolo County Records





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**PREVENTION & EARLY INTERVENTION (PEI) SUMMARY PROGRAM DATA
PEI EARLY SIGNS PROJECT: CRISIS INTERVENTION TEAM (CIT) TRAINING³⁵
DISABILITY RESPONSE, INC./MICHAEL SUMMERS**

	FY 14-15 1 st Quarter (7/1/14 – 9/30/14)	FY 14-15 2 nd Quarter (10/1/14 – 12/31/14)	FY 14-15 3 rd Quarter (1/1/15 – 3/31/15)	FY 14-15 4 th Quarter (4/1/15 – 6/30/15)	FY 14-15 Full Year (7/1/14 – 6/30/15)
LAW ENFORCEMENT/FIRST RESPONDERS TRAINED (UNDUPLICATED)	23	17			
LE Officers/First Responders Trained By Age					
18-24	4	3			
25 to 59	18	14			
60+					
Declined to State	1				
LE Officers/First Responders Trained By Gender					
Males	12	13			
Females	9	4			
LE Officers/First Responders Trained By Ethnicity					
African American	2				
Latino	3	7			
Native American					
Caucasian	13	8			
Asian	2	1			
Pacific Islander		1			
Other	3				
LE Officers/First Resp. Trained By Primary Language					
English Only	19	14			
Bilingual: English/Spanish	1	3			
Russian					
LE Officers/First Responders Trained By Agency					
Davis Police Department	1	1			
Los Rios Police Department	3	2			
West Sacramento Police Department	0	0			
Winters Police Department	0	0			
Woodland Police Department	2	2			
Yolo County Probation Department	1	3			
Yolo County Sheriff's Department	0	0			
U. C. Davis Police Department	0	0			
California Highway Patrol (local office)	0	0			
Out of County Law Enforcement Participants	7	5			
Other First Responders (EMTs, Regional Transit, Hospital Security, Tribal Security, etc.)	9	4			

³⁵ Source: Disability Response/M. Summers, provider records and performance measures.





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