



Mental Health Services Act Annual Update FY 2013-14

YOLO COUNTY HEALTH AND HUMAN SERVICES AGENCY
(FORMERLY DEPT. OF ALCOHOL DRUG, AND MENTAL HEALTH)



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I. COUNTY CERTIFICATION

YOLO COUNTY

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I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

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

Mental Health Director/Designee (PRINT)

Signature

Date

I hereby certify that for the fiscal year ended June 30, 2014, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated for the fiscal year ended June 30, _____. I further certify that for the fiscal year ended June 30, _____, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/ City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

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

Auditor-Controller/Designee (PRINT)

Signature

Date

II. INTRODUCTION

The purpose of the MHSA Annual Update—FY 13-14 is to describe Yolo County’s community program planning (CPP) process, and to describe changes to and progress toward goals for MHSA-funded programs for the fiscal year. The Annual Update is intended to review programs and services provided in FY 2013-14 and to provide programming, service, and funding updates to the County’s MHSA Three-Year Program and Expenditure Plan for FY 2014–2017.

Yolo County began the Community Program Planning (CPP) process for its Mental Health Services Act (MHSA) Annual Update for FY 2013-14 in mid-2013, but did not complete the CPP process until May 2015, after the close of the fiscal year for which the plan was targeted.

This MHSA Annual Update is being posted following the development of the Yolo County MHSA Three-Year Program & Expenditure Plan 2014-2017, which addressed the same timeframe used to conduct the Community Program Planning process as this MHSA Annual Update. As part of maintaining compliance to reporting requirements set forth in the MHSA, Yolo County is submitting this retrospective Annual Update to supplement what was documented in the MHSA Three-Year Program & Expenditure Plan 2014-2017.

This Annual Update includes the following sections:

- **Community Planning and Local Review Process.** This section describes the opportunities the community had to participate in the planning process, and the feedback that stakeholders gave regarding the plan.
- **Current MHSA Programs in Yolo County.** This section describes the MHSA-funded program activities in place in Yolo County in 2013-14, including the number of individuals served in each program (reported for the previous fiscal year, 2012-13). It also describes progress toward the programs’ stated goals, and any goals that were in place for 2013-14.
- **Mental Health Services Act Funding.** This section describes contains required forms: the MHSA Budget and 3-Year Funding Comparison, and the MHSA Funding Summary.

III. COMMUNITY PLANNING AND LOCAL REVIEW PROCESS

1. 30-DAY PUBLIC COMMENT PERIOD DATES: August 11, 2015 through September 10, 2015.
2. SCHEDULED DATE OF PUBLIC HEARING: September 10, 2015 at 5:00 p.m., at the Thomson Room of the Bauer Building, 137 N. Cottonwood Street, Woodland, CA.
3. COMMUNITY PROGRAM PLANNING: As aforementioned, information for the update for FY2013-14 was gathered before and during that of the FY 14-15 Three-Year Program and Expenditure Plan, and so, the community planning process gathered input regarding the FY 2013-14 update as well. Throughout the year, Yolo County ADMH communicated with stakeholders via informational e-mails, surveys, monthly updates to the Local Mental Health Board, and monthly meetings of the Provider-Stakeholder Work Group. Stakeholder meetings were less frequently held, usually on a quarterly basis, or as needed for the purpose of discussing status of programs and obtaining stakeholder input for planning purposes. Four general stakeholder meetings were held in the twelve-month period prior to the completion of this Plan Update. For FY 2013-14, Yolo County ADMH made no significant changes in its Community Services and Supports (CSS) programs. Prevention and Early Intervention (PEI) Programs are continuing as planned. ADMH implemented its Innovation (INN) Plan in FY 11-12, and implementation has proceeded according to plan, entering the third year of a 3-year cycle. Methods used to obtain stakeholder input included stakeholder meetings, and posting and noticing of required documents on the Yolo County website.
4. STAKEHOLDER ENTITIES INVOLVED: The following stakeholders are advised of MHSA meetings, announcements and activities, and are encouraged to participate in all types of information exchange (all agencies receiving notification are listed; names of individual stakeholders and consumers are withheld to protect privacy):

NAMI Yolo County and NAMI-CAN
Yolo CANVAS
First 5 Yolo (Children and Families Commission)
City of West Sacramento
Woodland Joint Unified School District
Washington Unified School District
Davis Joint Unified School District
Winters Joint Unified School District
Esparto Unified School District
Alta Regional Services
Area 4 on Aging
Suicide Prevention of Yolo County (provider agency)
Turning Point Community Programs (provider)
Pine Tree Gardens (provider)
Yolo Community Care Continuum (provider agency)
CommuniCare Health Centers (provider agency)
Rural Innovations in Social Economics, Inc. (R.I.S.E.) (provider agency)
Telecare, Inc. (provider agency)
Yolo Family Resource Center (provider agency)
Yolo Family Service Agency (provider agency)
EMQ-FamiliesFirst (provider agency)
4th and Hope (formerly Wayfarer Christian Mission) (provider agency)
Broderick Christian Mission

Davis Community Meals

People Reaching Out
California State University Sacramento
Community Housing Opportunities Corporation (C.H.O.C.)
City of Davis Child Care Services
Victor Community Support Services (provider agency)
Mental Health America of Northern California
Capay Valley Vision
MetaHousing Corporation
California Institute for Mental Health (C.I.M.H.)
Legal Services of Northern California
ADMH Staff and Management
Yolo County Administrators Office
Yolo County Board of Supervisors
Yolo County Consumers and Family Members (notification requested; names withheld)
Yolo County Local Mental Health Board
Yolo County Public Guardian
Yolo County Public Defenders Office
Yolo County Probation Department
Yolo County Department of Employment and Social Services
Yolo County Health Department
Yolo County Housing
Yolo County Office of Education
Yolo County Superior Court
Yolo County Sheriffs
Yolo County Children's Alliance

Over 230 Yolo County stakeholders received all notices, documents, and reminders about opportunities to participate in the planning process. In addition, all public notices and plan documents were made available to the general public, as set forth below.

5. LOCAL REVIEW PROCESS: The draft document *Mental Health Services Act Program and Expenditure Plan Update—Fiscal Year 2013-14* will be circulated among shareholders by posting the document on the Yolo County MHSA web page.¹ In addition, a *Mental Health Services Act (MHSA) Notice of Public Comment Period and Notice of Public Hearing*, a copy of which is included with this document as Attachment 1, will be sent via e-mail and/or U.S. Postal Service to all stakeholders on MHSA lists, to county mental health staff, and via posting at HHS/mental health clinic offices in Woodland, West Sacramento and Davis, and at the MHSA Wellness Center.

Printed copies of the draft document will be made available at the reference desks of all public libraries in Yolo County, at the Yolo County Administration Building, at the HHS Social Services One-Stop Office in Woodland, at the MHSA Wellness Center, and in the client waiting areas of all mental health service centers of the Health and Human Services Agency, during regular hours of operation.

The *Notice of Public Comment Period and Notice of Public Hearing* document will be posted in all locations where copies of the draft Plan Update document were made available (see **Attachment 1**).

¹See: <http://www.yolocounty.org/health-human-services/agency-information/mental-health-services-act-mhsa/mhsa-documents>

Blank copies of a public comment form will be sent to stakeholders and will be included with all printed copies of the document in all locations where the documents were made available to the public. A copy of the public comment form is included with this document as **Attachment 2**.

The availability of the draft document, duration of the public comment period and details of the public hearing were noticed in local newspapers of general circulation. Documentation of newspaper notices are included herein as **Attachment 3**.

6. PUBLIC HEARING: The requisite Public Hearing for the *Yolo County MHSA Annual Update—Fiscal Year 2013-14* _____ appropriately noticed and held on Thursday, September 10, 2015, at 5:00 p.m., in the Thomson Room of the Bauer Building, 137 N. Cottonwood Street, Woodland, CA. The Public Hearing _____ conducted by Robert Schelen, Chair of the Yolo County Local Mental Health Board, or his designee. Attendee’s include__ the MHSA Coordinator and translator- interpreters for Spanish and Russian languages. *(To be completed post-hearing.)*
7. STAKEHOLDER COMMENTS GATHERED DURING THE LOCAL PUBLIC REVIEW PROCESS:
 - a. *Stakeholder comments will be added to this section*
8. LOCAL MENTAL HEALTH BOARD RECOMMENDATIONS: The *Mental Health Services Act Plan Update—Fiscal Year 2013-14* will be brought before the Yolo County Mental Health Board for review and recommendation at its meeting held on September 28, 2015.
 - a. *LMHB changes/recommendations will be added to this section*
9. YOLO COUNTY BOARD OF SUPERVISORS: The final *Mental Health Services Act Plan Update—Fiscal Year 2013-14* will be submitted by ADMH Director Karen Larsen to the Yolo County Board of Supervisors for its approval at the regularly scheduled meeting on September 29, 2015. *Results of the vote of the Board of Supervisors will be added to this section.*
10. MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION (MHSOAC): Per regulation, within 30 days of receipt of approval of its *Mental Health Services Act Program and Expenditure Plan Update—Fiscal Year 2013-14*, Yolo County Department of Alcohol, Drug and Mental Health submitted a true copy of this document to the State of California MHSOAC. An electronic copy will be forwarded on *[insert date of forwarding electronic copy]*; a printed copy will be forwarded the same day, via U.S. Postal Service.

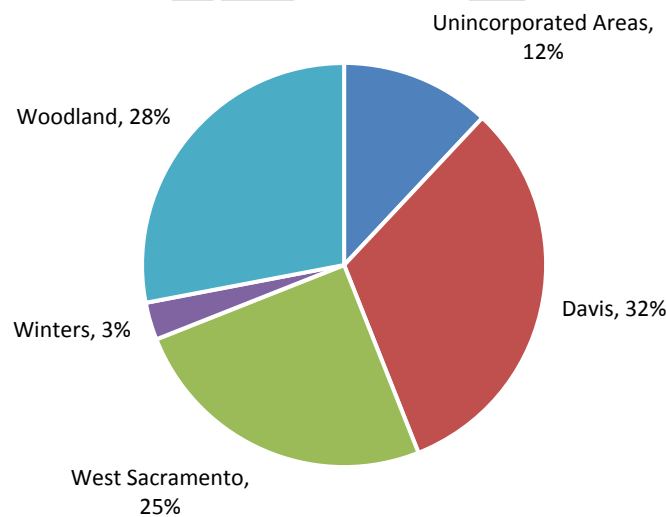
IV. CURRENT MHSA PROGRAMS IN YOLO COUNTY

A. County Description

Yolo County's 1,021 square miles (653,549 acres) are located in the rich agricultural regions of California's Central Valley and the Sacramento River Delta. It is directly west of Sacramento, the State Capital of California, and northeast of the Bay Area counties of Solano and Napa. The eastern two-thirds of the county consists of nearly level alluvial fans, flat plains and basins, while the western third is largely composed of rolling terraces and steep uplands used for dry-farmed grain and range. The elevation ranges from slightly below sea level near the Sacramento River around Clarksburg to 3,000 feet along the ridge of the western mountains. Putah Creek and Cache Creek wind through the county.

Over 88% of Yolo County's population of 206,381 (estimated, 2014) residents reside in the four incorporated cities. Davis, founded in 1868, now with a population of 66,656, has a unique university and residential community. Woodland, population 57,223, is the county seat. West Sacramento, population 50,836, sits across the Sacramento River, a short distance from the State Capitol and Downtown Sacramento. The City of Winters (population 6,979) is a small farming town nestled at the base of the Vaca Mountains. The unincorporated portion of Yolo County represents 12% of the county's total population.² Figure 1 displays the population distribution of Yolo County.

Figure 1. Population Distribution of Yolo County



² Statistical and Demographic Profile: Yolo County, <http://www.yolocounty.org/home/showdocument?id=30345>. Accessed June 23, 2015.

The demographic breakdown of Yolo County as of 2014 is presented in Table 1. *Race/Ethnicity of Yolo County*

Table 1. Race/Ethnicity of Yolo County³

| Race/Ethnicity | Percent Total |
|--|---------------|
| American Indian/Alaska Native | 1.8% |
| Asian | 13.5% |
| Black or African American | 3.0% |
| Hawaiian Native/Other Pacific Islander | 0.6% |
| Hispanic or Latino | 31.3% |
| White, not Hispanic | 48.8% |
| Two or More Races | 4.9% |

In accordance with state and Medi-Cal standards, Yolo County meets threshold requirements in two languages, Spanish and Russian, thereby requiring all agencies providing Medi-Cal services to offer all brochures and notices in these languages, as well as in English.

B. MHSA Overview

The following components related to mental health services are provided for in the Mental Health Services Act. Of these components, the first three focus on direct services to people in the community:

- **Community Services and Supports.** Programs in this component are comprised of:
 - Full Service Partnership services (comprehensive services for clients in greatest need)
 - General System Development services (targeted services for identified clients having serious mental illnesses)
 - Outreach and Engagement services (services intended to identify those whose need and eligibility for county mental health services should be determined)
- **Prevention and Early Intervention Services.** This component includes two projects and comprises five programs:
 - Yolo Wellness Project (three programs providing services that enhance wellness and resiliency and promote independence within the community)
 - Early Signs Project (two programs providing community education, training and assistance to promote early identification of symptoms of mental illnesses and reduce stigma)
- **Innovation.** In Fiscal Year 13-14, three Innovation programs provided services in unique and novel ways:
 - Integrated Behavioral Health Care
 - Greater Access Program (GAP)
 - Free to Choose
- **Workforce Education and Training.** The plan for this multi-year program was initiated in 2009 and funded through FY 16-17. The plan provides funding for workforce training and professional development, support of volunteer intern programs, educational loan repayment for direct service providers; participation in regional activities for Workforce Education and Training; and plan administration. The Workforce Education and Training Funds allocated to Yolo County in Fiscal Years 06-07 and 07-08, cannot be used for any other purpose.

³ State and County Census Quick Facts: Yolo County, California. <http://quickfacts.census.gov/qfd/states/06/06113.html>. Accessed June 23, 2015.

- **Capital Facilities and Technological Needs.** Funding for CFTN plans for the Yolo County MHSAs, as well as plans for Capital Improvements (of non-residential buildings used in MHSAs programs), were first funded in Fiscal Years 07-08 and 08-09 for a 10-year period ending in FY 17-18, which funds must be used for these purposes.
- **MHSA Housing Program.** The Mental Health Services Act also designated funds for the development of consumer housing and the provision of limited housing subsidies. In FY 2007-08, Yolo County received a planning estimate for the MHSA Housing Program in the amount of \$3,014,300, and the (then) Department of Alcohol, Drug and Mental Health (ADMH) initiated discussions with Yolo County General Services and with Yolo County Housing (then known as the “Housing Authority”) regarding development of consumer housing.

In mid-2008, ADMH used MHSA Community Services and Supports (CSS) “one-time” funds (not part of the above planning estimate), in the amount of \$700,000, to enter an agreement with Yolo County Housing to purchase and refurbish two single family residences in Yolo County (one in West Sacramento; one in Woodland). These two houses continue to be used as short-term transitional housing for up to eight Full Service Partnership clients of the CSS Adult Wellness Program, when they transition to living in the community and are awaiting safe and affordable permanent housing. Yolo County Housing holds title to the houses and is under contract to ADMH to maintain the two dwellings.

Also in 2008, by agreement with ADMH, the original planning estimate funds were transferred by the CA Department of Mental Health from the Mental Health Services Fund to the California Housing and Finance Agency (CalHFA).

Yolo County MHSAs are still working toward a viable housing plan at this time, and several options for the development of MHSA housing units have been considered by MHSAs Stakeholders, ADMH, Yolo County General Services, and Yolo County Housing. The \$3.1 Million in MHSA Housing funds will continue to be held by CalHFA, until a MHSA Housing Program Application is submitted by MHSAs and approved by CalHFA. The current plan involves the development of an 80-unit housing complex, 17 units of which will be designated for MHSAs FSP clients. Groundbreaking may commence as early as September 2015.

In the pages that follow, the individual ongoing programs included in each component of Yolo County’s Mental Health Services Act Program and Expenditure Plan are described in greater detail. Also included for each program are descriptions of activities over the prior fiscal year, as well as program plans for FY 2013-14.

I. Community Services and Supports (CSS)

1. RURAL CHILDREN'S MENTAL HEALTH SERVICES

a. Status: Ongoing Time-limited Ended/Ending

b. Program meets objectives: Yes No Unclear

c. Program Description and Population Served: The CSS Rural Children's Mental Health Program serves children up to age 17, and their families, residing in the western rural region of Yolo County. This rural area includes the towns of Winters and Esparto, several small towns in the Capay Valley, and the Esparto Unified and Winters Joint Unified School Districts. The CSS Rural Children's Mental Health Program offers a blend of Full Service Partnership (FSP), System Development (SD) and Outreach and Engagement (OE) services to rural children and youth, and their families. Children and youth who have psychiatric disabilities and unmet or under-met mental health treatment needs are the priority population.

Over 60% of the school-age children living in this area are Hispanic or Latino, and for many of these children, Spanish is their preferred language. A bilingual-bicultural clinician provides direct services to children experiencing serious emotional difficulties in this rural part of Yolo County, where services are not readily available and many of the families live in poverty.

Key activities included:

- Providing intensive support services to children classified as Full Service Partners, and their families, including individual and family therapy;
- Working collaboratively with PEI provider, Rural Innovations in Social Economics, "RISE," to provide services to children and youth identified by the RISE PEI program as being at risk of developing more serious emotional issues, or manifesting signs of mental illness;
- Working with the Esparto and Winters School Districts to provide therapy to children identified as being in need, and/or resource and referral information to their families.
- Providing linkage to families in need of resources available in the community.

d. Census Estimates, FY 12-13: Full Service Partnerships—4; see also, Community Services and Supports (CSS) Program Data, Pages 15-16.

e. Program Changes or Enhancements for FY 13-14:

- i. Maintain enrollment in programs.
- ii. Continue to encourage collaboration between RISE, Inc. and Children's Mental Health, to encourage linkage to services for children identified as at-risk for a mental illness or emotional disturbance.

f. **The proposed budget for the Rural Children's Mental Health Services Program for FY 13-14 is \$368,450.**

2. PATHWAYS TO INDEPENDENCE FOR TRANSITION-AGE YOUTH

- a. Status: Ongoing Time-limited Ended/Ending
- b. Program meets objectives: Yes No Unclear
- c. Program Description and Population Served: The CSS Pathways to Independence Program for serves Yolo County youth aged 16 through 25, experiencing serious mental illnesses while transitioning to adulthood. The CSS Pathways program offers a blend of Full Service Partnership (FSP), System Development (SD) and Outreach and Engagement (OE) services, and activities through the Wellness Center in Woodland and in the greater community. The priority population is youth aged 16 to 25 who have psychiatric disabilities and unmet or under-met mental health treatment needs, as well as youth emancipating from Foster Care and needing mental health treatment.

Key activities included:

- Providing intensive support service to transition-age youth identified as Full Service Partners, including individual therapy and collateral support, where indicated;
- Providing medication management services and nursing support;
- Providing youth with psychiatric disabilities appropriate benefits assistance to facilitate emancipation, including Social Security Disability Insurance or Supplemental Security Income, when appropriate;
- Assisting youth with locating appropriate affordable housing in the community;
- Life skills development, to promote healthy independent living;
- Assisting youth with developing employment readiness skills and seeking employment;
- Supporting youth to graduate high school or pursue college or trade school education;
- Introducing TAY clients to U.C. Davis Psychology undergraduate interns who provided enriched rehabilitative activities and opportunities to interact with college students;
- Providing referral to substance abuse treatment services, when needed;
- Providing rehabilitative wellness programs, services, group support and age-appropriate socialization activities at the MHSA Wellness Center.

- d. Census Estimates, FY 12-13: Full Service Partnerships—15; see also, Community Services and Supports (CSS) Program Data, Pages 15-16.
- e. Program Changes or Enhancements in FY 13-14:
- i. Maintain enrollment numbers in program.
 - ii. Continue to enhance outreach to rural transition age youth and emancipating Foster youth with serious mental health problems;
 - iii. Continue to foster collaborative relationship with Alta Regional Center to coordinate care for those consumers who are dually diagnosed with serious mental illness and developmental disorders;
 - iv. Expand and improve TAY-targeted program offerings at the Wellness Center for FY 13-14;
 - v. Continue to make appropriate referrals to the “Free To Choose” program for clients with co-occurring substance abuse disorders desirous of services following the harm-reduction model (see MHSA Innovation);
 - vi. Continue to improve data collection methods and performance measurement.
- f. **The proposed budget for MHSA Pathways to Independence for Transition Age Youth for FY 13-14 is \$767,624.**

3. WELLNESS ALTERNATIVES FOR ADULT CONSUMERS

a. Status: Ongoing Time-limited Ended/Ending _____

b. Program meets objectives: Yes No Unclear

c. Program Description and Population Served: The Wellness Alternatives Program serves Yolo County adult consumers aged 26 to 59. The Wellness Alternative program offers these seriously mentally ill adults a blend of Full Service Partnership (FSP), System Development (SD) and Outreach and Engagement (OE) services, and activities through the Wellness Center in Woodland. The primary focus of Wellness Alternatives, the largest of our four CSS programs, is to meet the mental health treatment needs of impoverished, uninsured and underserved seriously mentally ill adults of Yolo County. Program goals include providing treatment and care that promote wellness, a positive social environment, and independent living. The primary population is adults aged 26 to 59, many of whom are homeless or at high risk of homelessness, who are living with serious mental illness and having unmet or under-met mental health treatment needs and inadequate resources for related care.

Key activities included:

- Providing intensive support service to homeless and impoverished adults identified as Full Service Partners, including individual therapy and collateral support, where indicated;
- Providing Assertive Community Treatment (ACT) for acutely mentally ill consumers who experienced repeated hospitalizations and/or had a history of placement in IMD (Institute for Mental Disease);
- Providing adult clients with medication management services and nursing support;
- Providing seriously mentally ill adults with appropriate benefits assistance, including qualifying for or reestablishing Social Security Disability Insurance or Supplemental Security Income and Medi-Cal or Medi-Care, as well as referrals to advocacy services, when appropriate;
- Assisting homeless adults, or adults without stable housing, to locate appropriate safe, affordable, appropriate housing in the community;
- Providing referral to substance abuse treatment services, when needed (including referral to the “Free to Choose” program, if nontraditional measures are required);
- Providing opportunities for clients to socialize and learn alongside clients from neighboring counties (e.g., Wellness Trip to Sutter-Yuba for an all-day MHSA event);
- Providing supported living services to maintain housing;
- Promoting good self-care and healthy nutrition;
- Assisting interested adults to find employment and volunteer experiences;
- Promoting pro-social activities, including creativity and artistic expression as related to self-care;
- Providing resource information to assist client with meeting basic needs of daily living.
- Providing programs, services, group support and socialization activities at the MHSA Wellness Center.

d. Census Estimates, FY 12-13: Full Service Partnerships—94; see also, Community Services and Supports (CSS) Program Data, Pages 15-16.

e. Program Changes or Enhancements for FY 13-14:

- i. Maintain enrollment numbers in Full Service Partnerships and ACT FSP;
- ii. Continue to enhance outreach to homeless, high-risk, underserved individuals with serious mental illness;
- iii. Continue to address client complaints regarding transportation to the Wellness Center and eliminate barriers to access.
- iv. Continue to make appropriate referrals to the “Free To Choose” program for clients with co-occurring substance abuse disorders desirous of services following the harm-reduction model (see MHSA Innovation);
- v. Continue to improve data collection methods and performance measurement.

f. **The proposed budget for MHSA Adult Wellness Program for FY 13-14 is \$3,506,881.**

4. **OLDER ADULT OUTREACH AND ASSESSMENT**

a. Status: Ongoing Time-limited Ended/Ending

b. Program meets objectives: Yes No Unclear

c. Program Description and Population Served: The CSS Older Adult Outreach and Assessment program serves Yolo County older adult consumers, aged 60 and over. The CSS Outreach and Assessment program offers seniors with serious mental illness a blend of Full Service Partnership (FSP), System Development (SD) and Outreach and Engagement (OE) services, as well as necessary assessment opportunities for seniors with mental health issues who are at risk of losing independence. The primary focus of the Older Adult program is to meet the mental health treatment needs of uninsured and underserved seriously mentally ill seniors who lack adequate resources for related care, as well as to identify those seniors experiencing onset of mental illness late in life. Pro-program goals include providing treatment and care that promote wellness, reduce isolation, and extend the individual’s ability to live as independently as possible.

Key activities included:

- Providing intensive support services to Older Adults classified as Full Service Partners, including individual and family therapy, medication management, nursing support, and linkage to other services;
- Assisting with transportation to and from key medical, psychiatric and benefits-related appointments;
- Assisting with maintaining healthy independent living, while avoiding isolation;
- Assisting older adults with serious mental illness to locate and maintain safe and appropriate housing;
- Promoting positive contact with family members;
- Assisting families dealing with mental decline of an elder;
- Coordinating with Department of Social Services regarding Adult Protective Services (APS) involvement;
- Coordinating with Public Guardian’s Office regarding conservatorship of clients incapable of self-care;
- Coordinating with local multidisciplinary alliances to identify and assist older adults in need of mental health treatment;
- Coordinating with assisted living opportunities, when needed;
- Coordinating with Senior Peer Counselor Volunteer program (see: Prevention and Early Intervention) to match volunteers with seniors who are “shut-ins”;

- Providing clinical support to Senior Peer Counselor Volunteers, who report on clients' progress or decline;
 - Training volunteers and staff on the higher risk of suicide among older adults, especially males.
 - Coordinating older adult peer panel to offer training to ADMH staff on issues of cultural competency;
- d. Census Estimates, FY 12-13: Full Service Partnerships—13; see also, Community Services and Supports (CSS) Program Data, Pages 14-15.
- e. Program Changes or Enhancements for FY 13-14:
- i. Continue to maintain enrollment numbers in Full Service Partnerships;
 - ii. Continue to increase outreach to older adults with mental illness who live in rural communities;
 - iii. Continue to improve data collection methods and performance measurement.
- f. **The proposed budget for the Older Adult Outreach and Assessment program in FY 2012-13 is \$397,745.**

**MENTAL HEALTH CLIENTS AND INDIVIDUAL COMMUNITY MEMBERS
SERVED BY MHSA PROGRAMS IN YOLO COUNTY
Fiscal Year 11-12 and Fiscal Year 12-13**

| 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 11-12 | FY 12-13 |
| Page | Community Services and Supports (CSS) Component | | | | |
| 3 | Children’s Mental Health Services (FSP, SD, O/E) | 66 | 114 | 94 | 44 |
| 3 | Pathways to Independence, Transition-Age Youth (FSP, SD, O/E) | 87 | 105 | 122 | 21 |
| 3 | Adult Wellness Alternatives (FSP, SD, O/E) | 320 | 325 | 200 | 54 |
| 3 | Older Adult Outreach and Assessment (FSP, SD, O/E) | 86 | 94 | 113 | 39 |
| 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 |
| | Innovation (INN) Component | | | | |
| 4 | Integrated Behavioral Health Care | | | 466 | 1676 |
| 4 | Greater Access Program—GAP | | | 39 | 80 |
| 5 | Free to Choose (Harm-Reduction Model Substance Abuse Services) | 10 | 69 | | |
| | Prevention and Early Intervention (PEI) Component | | | | |
| 6 | Wellness Project: Urban Children’s Resiliency | | | 3144 | 3701 |
| 7 | Wellness Project: Rural Children’s Resiliency | | | 161 | 156 |
| 8 | Wellness Project: Senior Peer Counselor Volunteers | 4 | 6 | 74 | 40 |
| 9 | Early Signs Project: Early Signs Training and Assistance | | | 100 | 247 |
| 10 | Early Signs Project: Crisis Intervention Team (CIT) Training | | | 38 | 89 |
| TOTAL MH CLIENTS AND INDIVIDUALS SERVED BY MHSA⁶ | | 573 | 713 | 4870 | 6406 |

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 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.

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.

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) |
|--|---|--|--|
| Full Service Partnership Clients by CSS Program and Age | | | |
| CSS 1. | Rural Children's Mental Health (0-15) | 6 | 8 |
| CSS 2. | Pathways to Independence for Transition Youth (16-24) | 18 | 24 |
| CSS 3. | Wellness Alternatives Program for Adults (25-59) | 105 | 100 |
| CSS 4. | Older Adult Outreach and Assessment (60+) | 19 | 21 |
| | TOTAL Full Service Partnership Clients | 148 | 153 |
| System Development Clients by CSS Program and Age | | | |
| CSS 1. | Rural Children's Mental Health (0-15) | 60 | 106 |
| CSS 2. | Pathways to Independence for Transition Youth (16-24) | 69 | 81 |
| CSS 3. | Wellness Alternatives Program for Adults (25-59) | 215 | 225 |
| CSS 4. | Older Adult Outreach and Assessment (60+) | 67 | 73 |
| | TOTAL System Development Clients | 411 | 485 |
| Outreach and Engagement by CSS Program and Age | | | |
| CSS 1. | Rural Children's Mental Health (0-15) | 94 | 44 |
| CSS 2. | Pathways to Independence for Transition Youth (16-24) | 122 | 21 |
| CSS 3. | Wellness Alternatives Program for Adults (25-59) | 200 | 54 |
| CSS 4. | Older Adult Outreach and Assessment (60+) | 113 | 39 |
| | TOTAL Outreach and Engagement | 529 | 158 |
| | TOTAL All Program and Service Types (FSP, SD, O/E) | 1088 | 796 |
| CSS Housing and Supportive Services (Housing Stabilization) | | | |
| CSS 3. | Total CSS Clients Receiving Supportive Housing Services | 120 | 158 |
| | 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 |
| CSS Benefits Specialist | | | |
| CSS 1-4. | TOTAL Individuals Served Re Benefits (Unduplicated) | 319 | 259 |
| | TOTAL Individual Contacts Re Benefits Assistance | 1239 | 882 |

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

II. Prevention and Early Intervention (PEI)

1. YOLO WELLNESS PROJECT (3 programs)

a. Urban Children's Resiliency Program.

- i. Status: Ongoing Time-limited Ended/Ending _____
- ii. Program meets objectives: Yes No Unclear
- iii. Program Description and Population Served: With offices co-located with ADMH in Davis, Victor Community Support Services continues to use a variety of evidence-based and promising practices to reach out to children and youth living in the urban areas of Yolo County, who are experiencing emotional difficulties and/or exhibiting high-risk behaviors. Operating primarily within the geographic boundaries of Davis Joint Unified, Washington Unified, and Woodland Joint Unified School District (urban areas), the program utilizes the evidence-based practices of the *National Curriculum Training Institute (NCTI)* and *Love and Logic*, and the promising practice of the *Why Try* Program in the form of individualized and group education for children, youth and families, and most recently has added The Stage Project, an innovative program that engages underserved youth in organized creative activities.
 - a. NCTI curriculum covers such topics as anger management, drug and alcohol use, self-esteem, relationship building, effective parenting, cognitive life skills, curfew, gang involvement, shoplifting, school violence and truancy.
 - b. *Love and Logic* uses humor, hope and empathy to strengthen the adult-child relationship, instructing parents and teachers in using those skills that will enable their child/student to learn responsibility. The method emphasizes respect and dignity for both children and adults, and teaches consequences and healthy decision-making.
 - c. The *Why Try* program is designed to teach youth a variety of ways to deal with life's challenges, including goal setting and problem solving skills.
 - d. The *Stage Project* is an innovative program designed to promote rapid and sustained involvement of a broad range of community agencies and businesses in a shared mission to implement a program based upon services that engage the underserved youth in Yolo County in organized, creative activities. A critical component of the *Stage Project* is the engagement of community volunteers. The *Stage Project's* overarching goal is to decrease juvenile justice involvement, drug use, mental health related hospitalizations and the need for intensive mental health services by providing a structured, collaborative network of supportive community relationships while promoting creative activities. This program aims to help youth build social skills, self-control, self-esteem and resiliency by building relationships in the community and by publicly presenting their own poetry, music, drama, comedy and other means of artistic expression.

b. Rural Children's Resiliency Program.

- i. Status: Ongoing Time-limited Ended/Ending _____
- ii. Program meets objectives: Yes No Unclear
- iii. Program Description and Population Served: With offices co-located with The provider, Rural Innovations in Social Economics, Inc. ("RISE") is a social service non-profit agency located in the

rural area; RISE offers rural children, youth and their families evidence-based or promising practice activities in the settings most familiar to them, and using bilingual-bicultural staff (Latinos comprise over 60% of Yolo’s rural population). By doing so, the program offers the underserved rural and Latino populations increased access to mental wellness services and when needed, referrals to ADMH. The program activities aim to enhance life skills, build resiliency and promote mental wellness among rural children, youth and families, specifically, those living within the geographic areas defined by Esparto Unified and Winters Joint Unified School Districts.

The program offers evidence-based and promising practice programs, including groups for children experiencing the divorce of their parents; guided support groups (with food) for high-risk and troubled youth at alternative school settings; discussion groups for girls in their early teens; organized outdoor activities; Club Live drug education programs; and anger management groups for children. The *Building Self-Resiliency* Pilot Program, for at-risk youth in Winters are offered resiliency-building services and “choice-based” case management planning, is going strong. Working with a resiliency coach, these youth select certain specific community activities, and upon successful completion of their activity plan, they are awarded paid work experience in the community, as well as career counseling.

c. Senior Peer Counselor Volunteers.

- i. Status: Ongoing Time-limited Ended/Ending _____

- ii. Program meets objectives: Yes No Unclear

- iii. Program Description and Population Served: Dept. of Alcohol, Drug and Mental Health (now HHS) and MHSA add staff coordination, training resources, and clinical and program consultation to the Senior Peer Counselor Volunteers, which provides for older adult volunteers to work with older adults experiencing mental illness, or signs of mental illness onset. These trained volunteers offer support and friendship to seniors at risk of losing their independence, many of whom are isolated. These volunteers help older adults to continue to live in the community as long as reasonably possible, while making sure they receive timely and appropriate referrals when increased care and support is required.

Prevention and Early Intervention/Yolo Wellness Project program data can be found on pages 19-21.

PREVENTION & EARLY INTERVENTION (PEI) SUMMARY PROGRAM DATA

**PEI WELLNESS PROJECT: URBAN CHILDREN’S RESILIENCY BUILDING PROGRAM⁸
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) |
|---|--|---------------------------------------|---------------------------------------|
| Clients Served (Unduplicated count; includes general audiences) | | 3144 | 3701 |
| Clients Served By Age (Data for participants in specific programs.) ⁹ | | | |
| | 0 to 15 (Children) | 475 | 671 |
| | 16 to 24 (Transition-Age Youth) | 32 | 46 |
| Clients Served By Gender | | | |
| | Males | 275 | 407 |
| | Females | 232 | 329 |
| Clients Served By Ethnicity | | | |
| | African American | 21 | 35 |
| | Latino | 198 | 240 |
| | Native American | 3 | 5 |
| | Caucasian | 15 | 231 |
| | Asian | 19 | 31 |
| | Pacific Islander | 4 | 47 |
| | Other, including multi-cultural individuals | 111 | 97 |
| | Unknown | 0 | 50 |
| Clients Served By Primary Language | | | |
| | English | 220 | 532 |
| | Spanish | 73 | 166 |
| | Russian | 0 | 13 |
| | Farsi | 0 | 2 |
| | Other | 4 | 23 |
| Hours of Service By School District or Other Location | | Hours of Service | Hours of Service |
| | Davis Joint Unified SD | 154 | 177 |
| | Washington Unified SD (West Sacramento) | 237 | 446 |
| | Woodland Joint Unified SD | 202 | 633 |
| | Yolo County Office of Education/Other SD | 58 | 70 |
| | In Community/Other Non-SD | 138 | 280 |
| Hours of Service By Identified Target Population | | Hours of Service | Hours of Service |
| | Children/Youth At-Risk | 278 | 595 |
| | Children/Youth In Onset of Psychiatric Illness | 16 | 117 |
| | Children/Youth At-Risk of School Failure | 588 | 1255 |
| | Trauma Exposed Children/Youth | 273 | 587 |
| | Children/Youth in Stressed Families | 519 | 1367 |

⁸ Source: Victor Community Support Services, provider records and performance measures.

⁹ 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.

PREVENTION & EARLY INTERVENTION (PEI) SUMMARY PROGRAM DATA
PEI WELLNESS PROJECT: RURAL CHILDREN’S RESILIENCY BUILDING PROGRAM¹⁰
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) |
|--|---|---|
| Clients Served (Unduplicated Count) | 161 | 156 |
| Clients Served By Age | | |
| 0 to 15 (Children) | 132 | 116 |
| 16 to 24 (Transition-Age Youth) | 29 | 40 |
| Clients Served By Gender | | |
| Males | 87 | 80 |
| Females | 74 | 76 |
| Clients Served By Ethnicity | | |
| African American | 3 | 2 |
| Latino | 115 | 124 |
| Native American | 0 | 0 |
| Caucasian | 39 | 28 |
| Asian | 0 | 0 |
| Pacific Islander | 0 | 0 |
| Other | 4 | 1 |
| Unknown / Declined to State | 0 | 1 |
| Clients Served By Primary Language | | |
| English | 61 | 42 |
| Spanish | 100 | 114 |
| Russian | 0 | 0 |
| Other | 0 | 0 |
| Clients Served By School District | | |
| Esparto Unified School District | 51 | 50 |
| Winters Joint Unified School District | 110 | 106 |

¹⁰ Source: Rural Innovations in Social Economics, Inc. (R.I.S.E.), provider records and performance measures.

PREVENTION & EARLY INTERVENTION (PEI) SUMMARY PROGRAM DATA
PEI WELLNESS PROJECT: SENIOR PEER COUNSELOR VOLUNTEER PROGRAM¹¹
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) |
|---|---|---|
| TOTAL OLDER ADULTS (60+) SERVED | 78 | 46 |
| Clients Served By Gender | | |
| Males | 57 | 14 |
| Females | 21 | 32 |
| Clients Served By Ethnicity | | |
| | Detail Not Available | |
| African American | | 2 |
| Latino | | 8 |
| Native American | | 0 |
| Caucasian | | 33 |
| Asian | | 0 |
| Pacific Islander | | 0 |
| Other | | 2 |
| Unknown | | 1 |
| Clients Served By Primary Language | | |
| English | ✓ | 44 |
| Spanish | ✓ | 2 |
| Russian | | 0 |
| Other | | 0 |

¹¹ Source: ADMH Avatar MIS and Yolo County Records

2. EARLY SIGNS PROJECT (2 programs)

a. Early Signs Training and Assistance.

- i. Status: Ongoing Time-limited Ended/Ending _____
- ii. Program meets objectives: Yes No Unclear
- iii. Program Description and Population Served: This program consists of a clinical specialist and a group of specially trained mental health educators. One object of the program is to provide assistance in navigating the mental health system for those experiencing a first psychiatric hospitalization. The second main objective of this program is to educate the community in recognizing the signs and symptoms of all forms of mental illness, and to help those in need of assistance to access care. Further, mental health education has an added overall benefit of reducing stigma in the community. Presently, county staff trained in Mental Health First Aid Certification Program, a recognized evidence-based practice, offer a 12-hour certification course to all interested individuals who live and/or work in Yolo County. In addition, Early Signs educators were trained to offer community training more specifically focused on suicide prevention and suicide intervention skills, and public demand for the training is present.

b. Crisis Intervention Team (CIT) Training.

- i. Status: Ongoing Time-limited Ended/Ending _____
- ii. Program meets objectives: Yes No Unclear
- iii. Program Description and Population Served: This training program is modeled after a nationally recognized, evidence-based program known as the CIT Memphis Model, which 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 P.O.S.T. (Peace Officer Standards and Training) agency. The course provides education on mental illness and information on how to respond appropriately and compassionately to individuals and families in crisis.
The current training coordinator for CIT Training, himself a former law enforcement officer, reaches to all local law enforcement agencies, including local police departments in Davis, Winters, Woodland and West Sacramento, U.C. Davis Police, Yolo County Sheriffs, local California Highway Patrol, and Cache Creek Casino (Tribal) Security, to offer this 4-day training at no charge to the officers/first responders.

Prevention and Early Intervention/Early Signs Project program data can be found on Pages 23-24.

PREVENTION & EARLY INTERVENTION (PEI) SUMMARY PROGRAM DATA

**PEI EARLY SIGNS PROJECT: EARLY SIGNS TRAINING AND ASSISTANCE PROGRAM¹²
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) |
|--|---------------------------------|---|---|
| Individuals Served (Unduplicated Count) | | 100 | 247 |
| Individuals Served By Age | | | |
| | 16 to 24 (Transition-Age Youth) | 18 | 68 |
| | 25 to 59 (Adult) | 54 | 161 |
| | 60+ (Older Adult) | 28 | 15 |
| | Declined to State | 0 | 3 |
| Individuals Served By Gender | | | |
| | Males | 15 | 47 |
| | Females | 85 | 197 |
| | Other | 0 | 2 |
| | Declined to State | 0 | 1 |
| Individuals Served By Ethnicity | | | Partial ethnicity data. |
| | African American | 3 | 8 |
| | Latino | 33 | 73 |
| | Native American | 0 | 2 |
| | Caucasian | 56 | 105 |
| | Asian | 5 | 13 |
| | Pacific Islander | 0 | 1 |
| | Other | 2 | 7 |
| | Unknown/Declined to State | 1 | 7 |
| Individuals Served By Primary Language | | | |
| | English | ✓ | ✓ |
| | Spanish | ✓ | ✓ |
| | Russian | | |
| Locations Where Trainings Were Offered | | | |
| | Davis | ✓ | ✓ |
| | West Sacramento | ✓ | ✓ |
| | Winters | ✓ | ✓ |
| | Woodland | ✓ | ✓ |
| | Other/Rural/Unincorporated | ✓ | ✓ |

¹² Source: ADMH Avatar MIS and Yolo County Records

PREVENTION & EARLY INTERVENTION (PEI) SUMMARY PROGRAM DATA
 PEI EARLY SIGNS PROJECT: CRISIS INTERVENTION TEAM (CIT) TRAINING¹³
 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) |
|--|---|---------------------------------------|---------------------------------------|
| LAW ENFORCEMENT/FIRST RESPONDERS TRAINED | | 38 | 89 |
| LE Officers/First Responders Trained By Age | | | |
| | 25 to 59 | 37 | 86 |
| | 60+ | 1 | 1 |
| | Declined to State | 0 | 2 |
| LE Officers/First Responders Trained By Gender | | | |
| | Males | 22 | 64 |
| | Females | 16 | 25 |
| LE Officers/First Responders Trained By Ethnicity | | | |
| | African American | 1 | 9 |
| | Latino | 9 | 14 |
| | Native American | 0 | 0 |
| | Caucasian | 25 | 60 |
| | Asian | 0 | 3 |
| | Pacific Islander | 3 | 1 |
| | Other | 0 | 2 |
| LE Officers/First Resp. Trained By Primary Language | | | |
| | English Only | ✓ | ✓ |
| | Bilingual: English/Spanish | ✓ | ✓ |
| LE Officers/First Responders Trained By Agency | | | |
| | Davis Police Department | 2 | 5 |
| | West Sacramento Police Department | 3 | 9 |
| | Winters Police Department | 1 | 2 |
| | Woodland Police Department | 6 | 5 |
| | Yolo County Probation Department | 0 | 10 |
| | Yolo County Sheriffs Department | 2 | 0 |
| | U. C. Davis Police Department | 0 | 0 |
| | California Highway Patrol (local office) | 2 | 3 |
| | Out of County Law Enforcement Participants | Detail not available | 36 |
| | Other First Responders (EMTs, Regional Transit, Hospital Security, Tribal Security, etc.) | 22 | 19 |

¹³ Source: Disability Response/M. Summers, provider records and performance measures.

III. Innovation (INN)

1. LOCAL INNOVATION FAST TRACK (“LIFT”) PROGRAM.

- a. Status: Ongoing Time-limited Cycle Ending FY 13-14
- b. Program meets objectives: Yes No Unclear
- c. Program Description: The Yolo Local Innovation Fast Track Grant Program provides for three levels of grant funding to be made available to community providers and stakeholders for the purpose of encouraging and enhancing community collaboration in introducing new programs, events and trainings to the local mental health community on a fast track basis, while bolstering the economies of local providers and rejuvenating the local stakeholder process.
- d. The LIFT program is monitored by Yolo County Department of Alcohol, Drug and Mental Health (now part of HHSA). In its first year (FY 11-12), three levels (tiers) of funding were available through the Yolo LIFT Program, distinguishable by the scope of the endeavor being funded. Tier I LIFT Grants were small, intended to fund one-time special events, community services or trainings. Tier II Grants were mid-sized and intended to fund multiple-event short-term projects. Tier III Grants, the largest, were intended to fund ongoing programs that deliver services consistent with the requirements of the MHSA Community Services and Supports or Prevention and Early Intervention components. Tier III LIFT Grants were considered for reiterative funding in two subsequent fiscal years, with FY 13-14 being the final year of funding for the Tier III grants.
- e. Population Served: Various populations, all ages.
- f. The main goals of Yolo County’s LIFT plan were to promote interagency collaboration and increase access to services, by doing the following:
 - Introducing and testing new and innovative MHSA programs, events and trainings on a fast track basis;
 - Encouraging local agency involvement while providing those agencies with revenue opportunities during economic downturn; and,
 - Inviting local agencies to demonstrate innovative ideas in mental health prevention and treatment, as well as their ability to implement such programs on an accelerated basis.

The following three programs received reiterative Tier III funding and will continue through FY 13-14:

- i. **Integrated Behavioral Health Care (IBHC)**—CommuniCare Health Centers. ADMH (now HHSA) contracted with local health care and substance abuse service provider CommuniCare Health Centers to develop capacity to serve chronic care patients with co-morbid conditions, and specifically to:
 - Provide a patient assistant representative to navigate medical/pharmaceutical coverage options for under/un-insured patients;
 - Increase the number of patients who apply for and receive SSI/SSDI and/or Medi-Cal;

- Augment CommuniCare’s Behavioral Health presence at its three Primary Care clinics;
 - Increase Primary Care Provider competence/comfort/ access in the treatment of mental health disorders.
- ii. For FY 2012-13, **1,676** unduplicated patients accessed behavioral health services from CommuniCare for a total of **2,580** visits. Below is a breakdown services by type:
- The psychiatrist evaluated 209 patients.
 - The clinician conducted 845 appointments (of those, 321 were new patients).
 - 2,081 case management episodes were conducted.

The Integrated Behavioral Health Care (IBHC) Program has been approved to continue for FY 13-14, with a budget of \$300,000 under MHSA Innovation.

Innovation/Integrated Behavioral Health Care program data can be found at Page 28.

- b. **Greater Access Program (GAP)**—Yolo Community Care Continuum. ADMH (now HHS) contracted with this local provider to serve local homeless and indigent un-benefitted individuals experiencing mental illness. Program goals include increasing these individuals’ access to housing, treatment, medication, benefits, etc., while referring the most seriously mentally ill to ADMH for a higher level of care.

For FY 2012-13, **80** unduplicated clients were served.

All GAP clients are scheduled for weekly meetings with a case manager. All clients saw a psychiatrist and received a medication evaluation within one week of enrollment in the program; medications were provided at no cost through the Patient Assistance Program (PAP). As of the end of the reporting period, 36% of the GAP clients had been placed in housing. Those who receive GAP program services are most often referred Yolo County, Wayfarer Christian Mission, NAMI-Yolo, CommuniCare Health Centers, or by community members.

The Greater Access Program (GAP) has been approved to continue for FY 13-14, with a budget of \$300,000 under MHSA Innovation.

Innovation/Greater Access Program data can be found at Page 28.

- c. **Free to Choose**—Turning Point Community Programs. ADMH contracted with this local provider to offer specialty services to mental health clients experiencing co-occurring substance abuse disorders, with the substance abuse services based on the principles of harm reduction.¹⁴ The *Free to Choose* MHSA Innovation program began taking referrals on March 1, 2012.

¹⁴ In its most general sense, "harm reduction" refers to any program, policy or intervention that seeks to reduce or minimize the adverse health and social consequences associated with drug use... A narrower definition of "harm reduction" focuses on those policies, programs and interventions that seek to reduce or minimize the adverse health and social consequences of drug use without requiring an individual to discontinue drug use. This latter definition recognizes that many drug users are unwilling or unable to abstain from drug use at any given time and that there is a need to provide them with options that minimize the harms caused by their continued drug use to themselves, to others, and to the community, including overdose, infections, spread of communicable diseases, and contaminated litter. This approach does not exclude discontinuing drug use in the longer term and can serve as a bridge to treatment and rehabilitation services.

In FY 2012-13, Free to Choose saw 69 unique clients, and conducted a total of 721 client contacts.

The *Free to Choose* Program has been approved to continue in FY 12-13, with a budget of \$100,000 under MHSA Innovation.

Innovation/Free to Choose program data can be found at Page 29.

- d. Program Changes for FY 13-14:
- Continue L.I.F.T. funding for the three Tier III Programs for their third year (FY 13-14);
 - Determine which programs will be retained after the three-year L.I.F.T. cycle ends and how these programs might be funded;
 - Continue to improve data collection methods and performance measurement.
- e. **The total proposed budget for the LIFT Program FY 13-14 is \$812,418.**

From: Beirness, Douglas J., et al, (2008) *Harm Reduction: What's in a Name?* Canadian Center on Substance Abuse (pp. 2-3). Retrieved August 2, 2012 from <http://www.ccsa.ca>.

**“L.I.F.T.” INNOVATION (INN) SUMMARY PROGRAM DATA
 INTEGRATED BEHAVIORAL HEALTH CARE PROGRAM¹⁵
 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) |
|--|---|---|---|
| Psychiatrist (0.25 FTE) – Patients Evaluated | | 70 | 209 |
| Clinician (1.0 FTE) – Patient Appointments | | 626 | 845 |
| | IBH Visits | 626 | |
| | New Initial Patients | 328 | 327 |
| Case Management (3.0 FTE) | | | |
| | PAP Coordinator (PAP Applications/Refills) | 34 | 1090 |
| | SSI Coordinator – SSI Screens/Applications | 110 | 371 |
| | Chronic Care Coordinator – Patient Contacts | 223 | 620 |
| Total Patient L.I.F.T. Team Encounters (Total Contacts) | | 1075 | 2580 |
| Unduplicated Patients | | 466 | 1676 |

**“L.I.F.T.” INNOVATION (INN) SUMMARY PROGRAM DATA
 GREATER ACCESS PROGRAM—“G.A.P.”¹⁶
 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) |
|--|--|---|---|
| Individuals Served By “GAP” (Unduplicated) | | 39 | 80 |
| Numbers of Individuals, Type of Services Received: | | | |
| | Substance Abuse Support | 20 | 37 |
| | Mental Health Support | 37 | 72 |
| | Help Developing a Personal Recovery Plan | 29 | 48 |
| | Psychiatric Evaluation | 33 | 71 |
| | Safe Harbor Crisis Residential (avoid hospitalization) | 1 | 5 |
| | Substance Abuse Treatment at Walter’s House | 10 | 5 |
| | Support to Enable Individual to be Housed | 27 | 69 |
| | Referrals to Resources in the Community | 36 | 70 |
| | Assistance Accessing Benefits and Medications | 19 | 59 |

¹⁵ Source: CommuniCare Health Centers, provider records and performance measures; L.I.F.T. Programs started after 1/1/12.

¹⁶ Source: Yolo Community Care Continuum, provider records and performance measures; L.I.F.T. Programs started after 1/1/12.

“L.I.F.T.” INNOVATION (INN) PROGRAM DATA¹⁷
“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) |
|--|---|---|
| Clients Served (Unduplicated Count) | 10 | 69 |
| Total Client Contacts | 45 | 721 |
| Clients completing 1 or more modules | | 38 |
| Clients completing Module 1 only | | 13 |
| Clients completing Module 2 only | | 6 |
| Clients completing Modules 1 and 2 | | 17 |
| Clients completing Modules 1, 2 and 3 | | 2 |
| Clients Served By Age | | |
| 16 to 24 | 3 | 11 |
| 25 to 59 | 7 | 51 |
| 60+ | 0 | 7 |
| Clients Served By Gender | | |
| Males | 9 | 35 |
| Females | 1 | 34 |
| Clients Served By Ethnicity | | |
| Caucasian | 7 | 44 |
| African American | 3 | 6 |
| Asian/Pacific Islander | 0 | 2 |
| Hispanic | 0 | 17 |
| Other | 0 | 0 |
| Clients Served By Primary Language | | |
| English | 10 | 67 |
| Spanish | 0 | 2 |
| Clients Served By City of Residence | | |
| Davis | 5 | 19 |
| Esparto | 1 | 0 |
| Sacramento [boarding] | 0 | 3 |
| West Sacramento | 2 | 12 |
| Winters | 0 | 0 |
| Woodland | 2 | 33 |
| Homeless | 0 | 2 |
| Clients Served By Primary Diagnosis | | |
| Anxiety | 0 | 1 |
| Bipolar | 1 | 12 |
| Depression | 2 | 7 |
| Dependent Personality Disorder | 0 | 1 |
| Drug-Induced Delirium | 0 | 0 |
| Manic Disorder | 0 | 2 |
| Oppositional Disorder | 1 | 1 |
| PTSD | 0 | 5 |
| Schizophrenia | 4 | 12 |
| Schizoaffective Disorder | 2 | 24 |
| Unspecified Affective Psychosis | 0 | 2 |
| Unspecified Psychosis | 0 | 2 |

¹⁷ Source: Turning Point Community Programs, provider records and performance measures.

II. Workforce, Education, and Training (WET)

Primarily, Yolo County MHSW Workforce Education and Training (WET) funds have been used to develop training opportunities for staff, volunteers and consumers, fund participation of the WET Coordinator in regional activities and collaborative efforts, and work toward development of a Yolo-specific educational loan repayment opportunity for individuals providing direct service.

With these funds, Yolo ADMH continues to contract with Essential Learning to provide a broad spectrum of on-line course work for clinicians, paraprofessionals, staff and volunteers working in mental health. Essential Learning offers extensive opportunities for licensed staff to obtain necessary Continuing Education Units (CEUs) from any computer equipped with Internet access, at no charge to the participant. The on-line curriculum includes courses in Cultural Competency, as well as Interpreter skills for individuals working in mental health, which courses were included in the training section of Yolo County's Cultural Competency Plan.

Time was spent developing the 3-year Program and Expenditure Plan, which describes the potential expansions that may take place in terms of Yolo ADMH's workforce.

III. Capital Facilities and Technological Needs (CFTN)

In its MHSW Plan Update for FY 10-11, Yolo County presented the first phase of the Yolo Technological Improvement Project, providing for implementation of upgrades to the Avatar Management Information System (MIS); acquisition of hardware and software to facilitate document imaging and promote electronic medical record keeping; acquisition of software enhancements such as electronic prescribing and electronic document signature; acquisition and outfitting of computers (laptops or notebooks) for use in the field, equipped with Avatar MIS access; and improvement of computer access for clients in the Wellness Center and clinics. Full implementation of the Technological Needs Plan, Phase I, continues to roll out.

In FY 11-12, ADMH introduced Phase II of the Technological Needs plan, which replaced computer workstations for ADMH staff. In part due to extensive changes in the Avatar MIS system, current workstations could not accommodate software outlined in Phase I. The workstations were replaced with upgraded hardware, in order that the Phase I IT plan could be fully operationalized.

In FY 13-14, ADMH used the funding already set aside for this purpose to complete the purchase and installation of the equipment set forth in Phase I and Phase II of the Yolo Technological Improvement Plan.

V. MENTAL HEALTH SERVICES ACT FUNDING

A. MHTSA Program Budget and 3-Year Funding Comparison

| | FY 2011-12 | FY 2012-13 | FY 2013-2014 |
|--|---------------------|---------------------|---------------------|
| A. Community Services and Supports (CSS) [See Note 1 below] | | | |
| Rural Children's MH | \$ 205,390 | \$ 298,187 | \$ 368,450 |
| Pathways to Independence for TAY | \$ 397,804 | \$ 325,792 | \$ 767,624 |
| Adult Wellness Alternatives | \$ 2,568,269 | \$ 3,983,302 | \$ 3,506,881 |
| Older Adult Outreach/Assessment | \$ 207,822 | \$ 220,962 | \$ 397,745 |
| Administration | \$ 716,815 | \$ 822,787 | \$ 1,069,023 |
| Component Total | \$ 4,096,100 | \$ 5,651,030 | \$ 6,109,723 |
| B. Prevention and Early Intervention (PEI) | | | |
| Wellness Project: Urban Children's Resiliency | \$ 518,000 | \$ 603,000 | \$ 603,000 |
| Wellness Project: Rural Children's Resiliency | \$ 230,000 | \$ 270,319 | \$ 270,319 |
| Wellness Project: Sr. Peer Counselors | \$ 75,167 | \$ 56,652 | \$ 106,102 |
| Early Signs Project: Training and Assistance | \$ 168,922 | \$ 162,984 | \$ 176,367 |
| Early Signs Project: Crisis Intervention Training | \$ 45,000 | \$ 50,000 | \$ 43,200 |
| Operating Reserve | | | |
| Administration | \$ 222,818 | \$ 229,113 | \$ 262,095 |
| Component Total | \$ 1,259,907 | \$ 1,372,068 | \$ 1,461,083 |
| C. Innovation (INN): Local Innovation Fast Track (L.I.F.T.) Funding | | | |
| L.I.F.T. Programs--Tiers I, II and III, First Year | \$ 870,000 | | |
| Integrated Behavioral Health Program, Year 2 | | \$ 300,000 | \$ 300,000 |
| Free to Choose, Year 2 | | \$ 100,000 | \$ 100,000 |
| Greater Access Program (GAP), Year 2 | | \$ 300,000 | \$ 300,000 |
| Administration | \$ 130,500 | \$ 105,000 | \$ 112,418 |
| Component Total | \$ 1,000,500 | \$ 805,000 | \$ 812,418 |
| D. Workforce Education and Training (WET) [See Note 2 below.] | | | |
| Personnel/Workforce Staffing Support | \$ 17,241 | \$ 10,000 | \$ 40,000 |
| Central Region WET Partnership | \$ - | | |
| License-Eligible Volunteer Interns | \$ 27,000 | \$ 27,000 | \$ 27,000 |
| MH Professional Development | \$ 56,000 | \$ 56,000 | \$ 56,000 |
| Education Loan Repayment for Direct Service Providers | \$ 24,000 | \$ 24,000 | \$ 24,000 |
| Administration | \$ 18,291 | \$ 18,127 | \$ 14,737 |
| Component Total | \$ 142,532 | \$ 135,127 | \$ 161,737 |
| E. Capital Facilities/Info Technology [See Note 3 below.] | | | |
| Yolo Technological Improvement Project (YTIP) | | | |
| YTIP Phase I | | \$ 405,477 | \$ 442,551 |
| YTIP Phase II | \$ 213,332 | \$ 92,157 | \$ 92,165 |
| Operating Reserve | | | |
| Administration | \$ 32,000 | | |
| Component Total | \$ 245,332 | \$ 497,634 | \$ 534,716 |
| TOTAL ANNUAL MHTSA BUDGET | \$ 6,744,371 | \$ 8,460,859 | \$ 9,079,677 |

Note 1: Total Community Services and Supports (CSS) budgets for FY 12-13 and FY 13-14 include projected revenue from EPSDT (Early Periodic Screening Diagnosis and Treatment) and FFP (Federal Financial Participation) programs; estimated revenue from EPSDT and FFP is \$1,013,340 for FY 12-13 and \$1,094,400 for 13-14. CSS Administration budget for FY 13-14 also includes funding for extensive community program planning process.

Note 2: Total Workforce Education and Training (WET) annual budget is funded by original WET allocations of FY 06-07 and FY 07-08; these funds may be expended over a period of 10-years or less.

Note 3: Total Capital Facilities/Information Technology (CF/IT) annual budget is funded by original CF/IT allocations of FY 07-08 and FY 08-09; these funds may be expended over a period of 10 years or less.

B. MHSa Funding Summary (Required Form)

FY 2013/14 MHSa FUNDING SUMMARY

County: Yolo

Date: as of 6/30/13

| | MHSa Funding | | | | | |
|--|--------------|-----------|-------------|-------------|-------------|-----------------------|
| | CSS | WET | CFTN | PEI | INN | Local Prudent Reserve |
| A. Estimated | | | | | | |
| 1. Estimated Unspent Funds from Prior Fiscal Years | \$3,278,905 | \$794,522 | \$2,009,232 | \$2,284,531 | \$710,101 | |
| 2. Estimated New FY 2013/14 Funding | \$5,720,861 | | | \$1,525,563 | \$381,391 | |
| 3. Transfer in FY 2013/14 ^{a/} | | | | | | |
| 4. Access Local Prudent Reserve in FY 2013/14 | | | | | | |
| 5. Estimated Available Funding for FY 2013/14 | \$8,999,766 | \$794,522 | \$2,009,232 | \$3,810,094 | \$1,091,492 | |
| B. Estimated FY 2013/14 Expenditures | \$5,375,850 | \$161,737 | \$534,707 | \$1,492,283 | \$802,417 | |
| C. Estimated FY 2013/14 Contingency Funding | \$3,623,916 | \$632,785 | \$1,474,525 | \$2,317,811 | \$289,075 | |

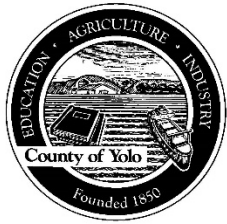
^{a/}Per Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

| D. Estimated Local Prudent Reserve Balance | |
|---|-----------|
| 1. Estimated Local Prudent Reserve Balance on June 30, 2013 | \$514,069 |
| 2. Contributions to the Local Prudent Reserve in FY13/14 | \$0 |
| 3. Distributions from Local Prudent Reserve in FY13/14 | \$0 |
| 4. Estimated Local Prudent Reserve Balance on June 30, 2014 | \$514,069 |



VI. ATTACHMENTS

MHSA 30-Day Notice



YOLO COUNTY HEALTH AND HUMAN SERVICES AGENCY

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

MHSA FY 15-16 Annual Update to the Three-Year Program & Expenditure Plan (Including MHSA Capital Facilities and Technological Needs (CFTN) Plan) and MHSA Plan Update for FY 13-14

To all interested stakeholders, Yolo County Health and Human Services Agency (HHS), in accordance with the Mental Health Services Act (MHSA), is publishing this **Notice of 30-Day Public Comment Period and Notice of Public Hearing** regarding the above-entitled documents.

- I. **THE PUBLIC REVIEW AND COMMENT PERIOD begins Tuesday, August 11, 2015 and ends at 5:00 p.m. on Thursday, September 10, 2015.** Interested persons may provide written comments during this public comment period. Written comments and/or questions should be addressed to HHS, Attn: Joan Beesley, MHSA Coordinator, 137 N. Cottonwood Street, #2500, Woodland, CA 95695. Please use the available comment form.
- II. **A PUBLIC HEARING will be held by the Yolo County Local Mental Health Board on Thursday, September 10, 2015, at 5:00 p.m.,** at the Thomson Room of the Bauer Building, 137 N. Cottonwood St., Woodland, CA, for the purpose of receiving further public comment on the MHSA FY 15-16 Annual Update to the Three-Year Program and Expenditure Plan, and the MHSA Plan Update for FY 13-14.
- III. **To review the MHSA FY 15-16 Annual Update to the Three-Year Program and Expenditure Plan (Including CFTN Plan) or the MHSA Plan Update for FY 13-14,** or other MHSA documents via Internet, follow this link to the Yolo County website: <http://www.yolocounty.org/health-human-services/agency-information/mental-health-services-act-mhsa/mhsa-documents>
- IV. **Printed copies** of the MHSA FY 15-16 Annual Update to the Three-Year Program and Expenditure Plan (Including CFTN Plan) and the MHSA Plan Update for FY 13-14, are available to read at the reference desk of all public libraries in Yolo County and in the public waiting areas of these Yolo County offices, during regular business hours:
 - Mental Health Offices, 137 N. Cottonwood Street, Woodland.
 - Mental Health Offices, 600 A Street, Davis (Mon/Wed only).
 - Mental Health Offices, 800-B Jefferson Blvd, West Sacramento (Tues/Thurs/Fri only).
 - Yolo County Administration Building, 625 Court Street, Woodland.
 - Yolo Co. Social Services "One-Stop" Center, 25 N. Cottonwood Street, Woodland.

To obtain copies by mail, or to request an accommodation or translation of the document into other languages or formats, call the MHSA Administrative Specialist at (530) 666-8537 by Monday, August 31, 2015.

Par asistencia en Español llame a Alicia Ruiz al (530) 666-8519 o (916) 375-6350.

За помощью с переводом на русский язык звоните Светлана Шраменко по телефону (530) 666-8634 или (916) 375-6350.

ATTACHMENT 1

30 Day Public Comment Form



YOLO COUNTY HEALTH AND HUMAN SERVICES AGENCY

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

Public Comment Period—August 11, 2015 through September 10, 2015

Document Posted for Public Review and Comment:

MHSA Plan Update for Fiscal Year 13-14

This document is posted on the Internet at:

<http://www.yolocounty.org/health-human-services/agency-information/mental-health-services-act-mhsa/mhsa-documents>

PERSONAL INFORMATION (optional)

Name: _____

Agency/Organization: _____

Phone Number: _____ Email address: _____

Mailing address: _____

What is your role in the Mental Health Community?

- | | |
|---|---|
| <input type="checkbox"/> Client/Consumer | <input type="checkbox"/> Mental Health Service Provider |
| <input type="checkbox"/> Family Member | <input type="checkbox"/> Law Enforcement/Criminal Justice Officer |
| <input type="checkbox"/> Educator | <input type="checkbox"/> Probation Officer |
| <input type="checkbox"/> Social Services Provider | <input type="checkbox"/> Other (specify) _____ |

Please write your comments below:

If you need more space for your response, please feel free to submit additional pages.

Please return your completed comment form to HHS/MHSA before 5:00 P.M. on September 10, 2015, in one of three ways:

- Fax this form to (530) 666-8294, Attn: MHSA Coordinator
- Mail this form to HHS/MHSA, Attn: MHSA Coordinator, 137 N. Cottonwood St., #2500, Woodland, CA 95695
- Deliver this form to HHS/MHSA, Attn: MHSA Coordinator, 137 N. Cottonwood St., # 2500, Woodland, CA 95695

ATTACHMENT 2

A copy of the post made in the local newspaper will be added once it is available

DRAFT

ATTACHMENT 3