

*Making A*  
***Difference***

Yolo County Behavioral  
Health Services



# Improving Mental Health Care

MHSA supports Yolo County's most vulnerable populations

by Brittany Wesely

In 2004, California voters approved Proposition 63, the Mental Health Services Act (MHSA), to increase funding for mental health services by imposing a 1 percent tax on individuals with annual incomes exceeding \$1 million.

The financial boost from the MHSA allows the expansion and transformation of public health systems in order to provide innovative, recovery-based mental health services.

“The Mental Health Services Act funding has expanded our opportunities to serve people with mental health problems and help them toward the services they need,” says Joan Beesley, Mental Health Services Act manager for Yolo County.

*“We're trying to bring about a better connection and a more holistic look at health and mental wellness.”*

Joan Beesley  
Mental Health Services Act manager  
at Yolo County

Yolo County set out to improve its mental health services through the MHSA by focusing on community collaborations, enhancing prevention and intervention programs and promoting mental health education.

A primary focus of Yolo County has been offering new programs to better reach people who struggle with mental illness. Partnering with local organizations has allowed the department to start new programs quickly.

Beesley says an example of partnerships working well is the CommuniCare Health Centers' Community Outreach and Rural Engagement program.

“For many Latinos, the stigma of mental illness is so great that they will not come forward for many services,” Beesley says. “[CommuniCare] uses Latino health liaisons as a link between the rural population and the health and mental health system.”

Partnerships with community providers also allow Yolo County to offer more robust services.

“The focus is really on trying to stabilize people in their own home communities,” Beesley says. “We encourage people to be as

Yolo County Mental Health Services Act Manager Joan Beesley attributes the great strides the county has made in mental health services to the MHSA.  
PHOTO BY TONY NGUYEN



independent as they can be so they can take care of their own needs.”

Beesley says success in this is only possible with the meaningful involvement and participation of the entire community.

“We're trying to bring about a better connection and a more holistic look at health and mental wellness,” Beesley says. “People are becoming more and more aware of how interconnected everything is.”

Making the prevention, assessment and treatment of mental health conditions a focus of the

entire community is no easy task. It starts with providing information.

“We're educating people on how to recognize the signs and symptoms of mental illness and suicidal behavior,” Beesley says. “It's a way of improving lives for everyone in the community. It reduces stigma and gives people confidence in knowing when to help someone.”

By working together to improve mental health programs and provide education, Yolo County has taken great strides in reducing stigma and getting people the treatment they need, Beesley says. She says the MHSA is to thank.

“The Mental Health Services Act is helping us stay afloat and stay active in the community,” Beesley says. “It has really changed our system.”

## TAX DOLLARS AT WORK

The Mental Health Services Act provides funding for a variety of community support services and programs through the Yolo County Department of Health Services. MHSA funding supports the county in the following ways:

### FULL-SERVICE PARTNERSHIPS

Age-specific programs provide people who suffer from severe mental illness with wraparound services, including: recovery-oriented treatment, case management, housing placement and vocational assistance.

### PREVENTION AND EARLY INTERVENTION

Reduce stigma and the negative impacts of mental illness by educating the community about signs and symptoms, and best practices for providing support.

### WORKFORCE EDUCATION AND TRAINING

Training and professional development for county staff and mental health professionals.

### FACILITY AND TECHNOLOGY IMPROVEMENTS

Update service facilities and information systems to increase access to health records and improve client care with technology.

### HOUSING

MHSA will fund 17 units within a 65+ unit complex in Woodland.

### INNOVATION

The Local Innovation Fast Track program funds community providers to pilot innovative programs.



### ON THE COVER

Kurt Capozziello sits at the site of his former home — the banks of the Sacramento River in West Sacramento. He was part of the Bridge to Housing program, which offered temporary housing and services to homeless people at the river (see story next page).

PHOTO BY TONY NGUYEN

# A Roof First

## 'Mayor' of homeless community finds new purpose for himself and others with Bridge to Housing

by Amanda Caraway

Steven Kruse was an established businessman in Arizona when his ex-wife was diagnosed with cancer. They moved to California for experimental treatments, which saved her life, but the medical treatments left the couple bankrupt and eventually homeless.

Kruse was surprised when they were lovingly accepted into the homeless community living on the river in West Sacramento.

"It was truly amazing to be welcomed by these people," Kruse says. "I had looked down on the homeless all my life, and now I was one of them."

Kruse was homeless on and off for 17 years, and during that time the people on the river became his family. Kruse emerged as the unofficial "mayor" of the community, so when the inhabitants of the encampment learned they would have to vacate, they looked to him for leadership.

Kruse began attending round table meetings with government representatives to find a solution.

That's how the Bridge to Housing pilot project was born.

"I figured it was time to stop yelling at the government for what they were failing to do and start working with them to find a solution," Kruse says. "The leaders of Yolo County deserve credit for standing up and doing something to bring real change rather than just moving people around."

Following a "housing first" model, 65 participants in the pilot project were offered four months of free housing at the Old Town Inn in West Sacramento. They were allowed to bring their pets, further encouraging them to stay in the program (all in all, 40 animals moved into the motel). Participants were then introduced to programs and benefits that could lead to long-term success in ending the cycle of homelessness. When the Bridge to Housing program concluded in February 2015, participants were given a low-income housing voucher to help them afford a permanent home.

"I was blown away by the success of this project," says Kruse. "I really

didn't expect it to do so well."

Kruse stayed at the motel until the last day to ensure his friends got the help they needed. He is now renting a home with his two dogs and continues to work with Yolo County and other government agencies to help the homeless community.

"It's important to find solutions that are a win/win for the city and the homeless population," he says.

He is also starting his own nonprofit organization to help other communities in California and to serve as a link between the homeless and the government. He hopes his organization will eventually do work nationwide.

"I've got important work to do and I am not going anywhere but up," Kruse says. "It's nice to go home after spending the day helping others."

Kruse says his homeless days are behind him. He's found new love with another Bridge to Housing participant, Lovey Bishop, and continues to visit his friends from the project to let them know he cares and is still working to help them.

Steven Kruse and Lovey Bishop took part in the Bridge to Housing project, which provided short-term, transitional housing for individuals living on the river in West Sacramento.

PHOTO BY TONY NGUYEN



*"I was blown away by the success of this project. ... The leaders of Yolo County deserve credit for standing up and doing something to bring real change."*

Steven Kruse  
Bridge to Housing participant

## SUCCESS FOR THE HOMELESS

In November 2014, the Yolo County Department of Health Services partnered with the City of West Sacramento to find a permanent solution to assist the homeless population living on the river in West Sacramento. The result was a four-month temporary housing pilot project called Bridge to Housing.

Out of the 65 participants,

# 53

remained at the motel for the full four months

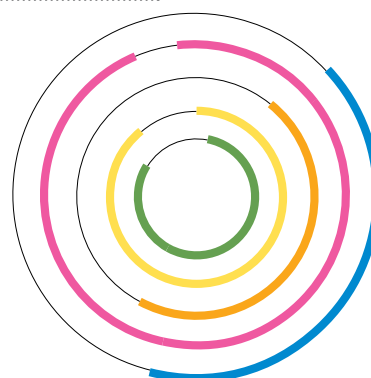
### Bridge to Housing outcomes:

Of those 53 individuals:

81% are receiving CalFresh

89% have health insurance

47% have permanent housing



92% issued a Section 8 housing voucher

40% now have a steady income

Of those who remained in the program:



The majority of these participants are now receiving ongoing benefits to help them build a better life.

Woodland Police Department Lt. Anthony Cucchi and Crisis Intervention Specialist Robert Villarreal work together to ensure people in crisis get treatment.  
PHOTO BY TONY NGUYEN



## CRISIS INTERVENTION TRAINING

Historically, first responders have not received a lot of training dealing with mental illness on the job. Crisis Intervention Training (CIT) provides additional education for law enforcement departments on mental illness and substance abuse in the community. In Yolo County, law enforcement officers and first responders receive four days of CIT provided by the nonprofit Disability Response. Michael Summers, CIT coordinator for Yolo County, says the need for additional training is great.

“For law enforcement, at least 25 percent of their day is spent dealing with mental health issues,” he says. “When a police officer goes through police academy training, they receive six hours of training for developmental disabilities, substance abuse and mental illness out of a total of 900 hours. CIT gives them extra techniques and skills to deal with folks in crisis, understand them better and know how to de-escalate the situation.”

CIT is available to law enforcement agencies in West Sacramento, Woodland, Davis and rural Yolo County and is provided at no cost through Mental Health Services Act funding.

# A Winning Combination

by Mike Blount

## Program allows better treatment for people in crisis

People struggling with mental health conditions don't normally have moments of crisis in a clinician's office. Usually it's in their homes or in public — and that's when police departments get the call.

But a new program funded by the Mental Health Services Act is putting mental health clinicians out on the streets with officers in West Sacramento, Woodland, Davis and rural Yolo County areas, leading to better outcomes for individuals and the community.

Mental-health-related calls can involve a significant time investment for officers. They must ensure the person in crisis is transferred to the hospital safely. And officers often receive repeat calls about the same individuals because they do not get connected to mental health treatment.

Now, the Community Intervention Program is putting individuals in direct contact with a highly trained mental health professional who can help them access services. The program is overseen by Turning Point Community Programs, a nonprofit that serves most of Northern California and provides case management, housing and crisis intervention for people with mental health conditions.

Crisis Intervention Specialist Robert Villarreal has been working with Woodland's police officers since the program began in December 2014. Woodland Police

Department Lt. Anthony Cucchi says the partnership has been very successful.

“Robert quickly became part of our team because the officers saw the benefit of having him there,” Cucchi says. “His vehicle is basically a roaming office where he can provide counseling and set up appointments right on the street. He can also follow up with the person and report back to the officers and the person's family.”

*“We can avoid frequent incarcerations and emergency room visits and try to get a resolution instead of escalating the situation.”*

Robert Villarreal  
Crisis Intervention Specialist

Villarreal says he's happy to be able to get people in crisis the help that they need.

“We can avoid frequent incarcerations and emergency room visits and try to get a resolution instead of escalating the situation,” Villarreal says. “By teaming with officers,

we can help them determine the nature of the person's [psychiatric issue]. For example, some geriatric patients might not need to be put on an involuntary hold. They might need medical services. That's what we're here for.”

Though Woodland police officers do receive a week of crisis intervention training, Cucchi says having a mental health clinician lend his expertise while responding to calls is invaluable. While most of the crisis calls in the past did not end with the person being incarcerated, officers did have to dedicate a lot of time to transferring the person to the hospital. Now, the Crisis Intervention Specialist can do that for them and provide counseling on the spot.

“Clinicians have a lot more training and education in dealing with mental health issues,” Cucchi says. “This is what they do, and this program allows us to get those officers back on the street to look for crime and try to solve other problems.”

Villarreal has worked in mental health treatment for more than 20 years, but he says this job is one of the most rewarding ones he's ever had.

“This program is really about connecting people to services in the community,” Villarreal says. “The more they see you, the more likely they are to trust you, and the families are grateful that we are there. This year is going to be a great year for helping those people out there who are in need.”

# The Road to Recovery

by Mike Blount

**T**he first time 38-year-old Antonia Tsobanoudis remembers having a “break from reality” was when she was still in high school. While attending a leadership conference in Washington, D.C., it struck, and no one quite knew what hit her. She stopped sleeping. She stopped eating. She lost touch with reality. Tsobanoudis was picked up by first responders and taken to the hospital. It was the first of many times she would be hospitalized for mental illness in her life.

“I was running away from people and trying to get to a rooftop,” she recalls. “After two weeks in a D.C. hospital, I finally got it together enough to call my parents in California. My father flew out to come pick me up.”

But she wasn’t going to get the treatment she needed right away since she wasn’t showing any signs of being a danger to herself or others. She did, however, get a name for what she had been experiencing: bipolar disorder, a mood disorder marked by alternating periods of elation and depression.

Tsobanoudis finished high school on independent study, but not before being hospitalized three more times. She isolated herself from her friends and was often depressed. This did not stop her from completing her applications to college. Through continued support of her “family, very special teachers and friends,” she began attending UC Davis, where her illness did not let up. During her college years, she took a lighter courseload, worked part-time, and became a mother. But, with graduation just around the corner, she had another manic episode and was hospitalized. In 2003, she finished UCD with a double major in aeronautical and

mechanical engineering and eventually found a full-time job.

By 2010, “even my paid vacations were hospital stays, and by request of my manager, I started working part-time,” Tsobanoudis says. “I took various classes on techniques to manage stress and therapies with NAMI (National Alliance for the Mentally Ill). I also had to try new medications. Unfortunately, they did not work.”

Tsobanoudis was placed in the care of the county after three more hospitalizations in the span of two months. She lost her job and her home; her beloved son went to live with his father. Countless unsuccessful acute care hospitalizations left Antonia needing something different. She was finally given the opportunity to try a new type of treatment through Laura’s Law — a state law instated and implemented at county discretion that allows for court-ordered assisted outpatient treatment (AOT).

“With this type of treatment, a team comes to me in my own home, in my own environment,” Tsobanoudis says. “They were able to step up some of the treatments and it’s been very effective for me. Being able to have one-on-one contact with a team I can call any time and know who’s on the other side of the phone has been amazing.”

Today, Tsobanoudis has regained joint legal custody of her son and is working part time as a consultant. She also received a therapy companion — a 10-month-old puppy from the county shelter. Tsobanoudis says she is thankful for the care she is getting and is much happier.

“There are a lot of times when hospitalizations just aren’t enough,” she says. “Laura’s Law allowed me to get the care I needed to transition back into the world.”

## Laura's Law ends cycle of hospitalizations

*“Laura’s Law allowed me to get the care I needed to transition back into the world.”*

Antonia Tsobanoudis



## LAURA'S LAW SUCCESSES

Laura’s Law, also known as Assisted Outpatient Treatment (AOT), allows for voluntary services provided to those with serious mental illness whose condition is deteriorating, and/or who are unlikely to survive safely in the community without supervision or involuntary hospitalization. Counties can choose to implement the program. Here are some of the results from Yolo County:



**50% DECREASE** in emergency interventions



**67% DECREASE** in psychiatric hospital days



**ZERO DAYS** were spent **INCARCERATED** — a 100% reduction



**88% DECREASE** in days homeless



**93.3%** were satisfied with AOT and the outcomes

Statistics taken from the Turning Point mid-year outcome report from July - December 2014

Antonia Tsobanoudis was hospitalized multiple times in one year. Finally, Laura’s Law stepped in and allowed her to get assisted outpatient treatment, helping her transition to new treatments and receive therapy in her home.

PHOTO BY TONY NGUYEN

# WHAT ARE ACES?

## What are they?

ACEs are adverse childhood experiences that can lead to toxic stress and poor health outcomes in life.

### THERE ARE THREE TYPES OF ACES:

#### Abuse



- physical
- emotional
- sexual

#### Neglect



- physical
- emotional

#### Household dysfunction



- divorce
- mental illness
- incarcerated relative
- substance abuse
- mother violently treated

## What possible risk outcomes can ACEs influence?

A person with four or more ACEs is:

<p><b>7.4 times</b> as likely to be an alcoholic</p>	<p><b>5.13 times</b> more likely to suffer from depression</p>	<p><b>27%</b> more likely to have less than a college degree</p>
<p><b>10.3 times</b> more likely to use injection drugs</p>	<p><b>12.2 times</b> more likely to attempt suicide</p>	<p><b>39%</b> more likely to be unemployed</p>
<p><b>21%</b> more likely to be below 250 percent of the federal poverty level</p>		

## How can I get involved?

The Yolo County ACEs Connection Group meets monthly to share information and develop strategies for trauma-informed care. To find out more, visit [www.acesconnection.com](http://www.acesconnection.com) or join the discussion by attending the meeting:

Third Friday of every month  
Noon – 1:30 p.m.  
Yolo County Department of Health Services  
137 North Cottonwood Way  
Woodland, CA 95695



STOCK PHOTO

# Not **the** Recognizing childhood trauma can lead to treatment and improve lives

# Problem Kid

by Brittany Wesely

**T**raumatic experiences that occur during childhood, the most formative period in a person's life, have a powerful impact on the health and well-being of children and have far-reaching consequences throughout their lives.

There are 10 recognized types of adverse childhood experiences, or ACEs, which fall into three categories: abuse, neglect and household dysfunction. And the more ACEs a person experiences, the greater their risk of negative health outcomes, such as severe obesity, alcoholism and depression. One study found that life expectancy for a person with six or more ACEs is 20 years shorter than a person with no ACEs.

As a trauma-informed system of care, Yolo County Department of Health Services recognizes the impact of trauma and has partnered with all community sectors to respond to this public health concern, which affects one out of every five children in Yolo County.

"We have a lot of people at the table who are really passionate about this. We're coming together as a community to develop a county-wide safety net and build resiliency practices," says Karleen

Jakowski, Adolescent Services Manager at CommuniCare Health Centers, one of many organizations that Yolo County Department of Health Services has partnered with.

*"For every youth we serve, we immediately ask questions about trauma exposure... so that we can really get to the core of what is going on."*

Karleen Jakowski  
Adolescent services manager  
at CommuniCare Health Centers

The main focus of county efforts thus far has been early intervention. For CommuniCare, that means proper screening and assessing for trauma.

"For every youth we serve, we immediately ask questions about trauma exposure and the extent of their reactions to that exposure so that we can really get to the core of what is going on and then be able to intervene," Jakowski says.

Once the trauma exposure has been measured, CommuniCare begins what is called trauma-focused cognitive behavior therapy, in which the child and the caregiver are educated on trauma and how it might influence the child's behavior.

"Many kids who come to us look at themselves as the problem kids. When we're able to give them education and identify a timeline of when the trauma happened and when the behaviors started, usually they see that the trauma preceded the behaviors," Jakowski says.

Once the child is able to understand how their adverse experiences have affected them, CommuniCare teaches kids to adapt and build their coping skills through relaxation and emotional regulation. Jakowski says, "We teach them to control their emotions and not get put into that fight-or-flight mode right away."

CommuniCare Health Centers and Yolo Family Services Agency, Yolo County Departments of Probation, Child Welfare and Health Services are making progress toward their mutual goal of creating a trauma-informed system of care.

# Partnering with the Community

by Mike Blount

**Q & A with Yolo County  
Mental Health Director  
Karen Larsen**

## HOW ARE YOLO COUNTY'S MENTAL HEALTH PROGRAMS BUILT UPON COMMUNITY INVOLVEMENT?

A huge part of our collaboration with the community is by virtue of half of our services being contracted out. And over the last year, we have also really focused on cross-system collaboration with nontraditional partners like law enforcement, hospitals and Child Welfare Services.

I think it's really about focusing on those social determinants of health — things like poverty, health care and racial disparities — that will allow us to positively impact our clients' quality of life and have them be able to function in society. These are the things that we really didn't think about in the past when helping a client. But the larger impact is really determined by the client's lifestyle or daily choices. If they have probation, we want to work with them to improve the client's life.

## WHY IS PARTNERING WITH OTHER AGENCIES IMPORTANT?

We're just small enough of a county that we all know each other. The benefit we've seen is, by working with agencies like law enforcement, we're able to reduce incarceration rates for clients with mental illness. In many cases, we're able to connect the client to services in the community. They're happier and better taken care of, and we're positively impacting the entire system by reducing costs.

## HOW DOES THE DEPARTMENT TAKE AN INTEGRATED APPROACH TO ADDRESSING BEHAVIORAL HEALTH ISSUES?

Historically, if we had a client with mental illness and substance abuse issues, we would send them to mental health treatment and then to substance abuse treatment. We now have two contract providers that provide co-occurring disorder treatment. They are able to treat both conditions at the same time and talk to the client about how substance abuse and mental illness are affecting each other.

We've also put a contractor, Phoenix House, in the jail and juvenile detention facility to provide substance abuse treatment. Additionally, the department has placed a clinician at the probation department to screen probationers for substance use issues.

I think the other really important thing we've done is partner with local primary care providers. We've worked really hard in the last year to make sure our clients are served in the least restrictive environment. Instead of residential treatment, they can get treated in outpatient care or see their primary care physician for mild to moderate mental health issues like depression and anxiety.

## HOW CAN MEMBERS OF THE COMMUNITY GET INVOLVED?

We host public focus group sessions where we invite feedback for our system. These open forums are a great way for us to hear about what is working and opportunities for improvement. There's a whole host of people who show up: pastors, judges, family members of clients with mental illness and mental health workers. We also have several advisory committees made up of people in recovery or family members of people in recovery that meet to provide feedback on their treatment and make sure clients are being treated the way they want to be treated.

## WHAT DOES THE FUTURE LOOK LIKE FOR THE DEPARTMENT?

We're in the process of integrating with the Yolo County Department of Employment and Social Services. That will begin July 1, 2015. Last year, we merged with the Yolo County Health Department. The new agency will be called the Health and Human Services Agency. The vision is that there will be no wrong door to anyone who comes in for help. Instead of going through three or four intake processes, they only have to do it once. We are really focused on developing a system that is centered around the client.

*"I think it's really about focusing on those social determinants of health — things like poverty, health care and racial disparities — that will allow us to positively impact our clients' quality of life."*

Karen Larsen  
Yolo County Mental Health Director



Karen Larsen, Yolo County's Mental Health Director, looks to partnerships with other agencies to provide better care for those in need.  
PHOTO BY TONY NGUYEN



# Care

## Within Reach

**T**he Yolo County Department of Health Services operates under a new mission, “Making a difference by enhancing the quality of life in our community.” True to its mission, the department provides robust mental health services and partners with community organizations to reach as many individuals as possible.



**Yolo County Department of Health Services**  
 137 North Cottonwood St.  
 Woodland, CA 95695  
[www.yolocounty.org](http://www.yolocounty.org)

## YOLO COUNTY MENTAL HEALTH CLINICS

**WOODLAND CLINIC**  
 137 North Cottonwood St.  
 Woodland, CA 95695  
 530-666-8630  
 Open Monday – Friday  
 8 a.m. to 5 p.m.

**DAVIS CLINIC**  
 600 A St.  
 Davis, CA 95616  
 530-757-5530  
 Open Monday, Wednesday  
 8 a.m. to 5 p.m. (closed from noon to 1 p.m.)

**WEST SACRAMENTO CLINIC**  
 500 West Jefferson Blvd.  
 West Sacramento, CA 95605  
 916-375-6350  
 Open Tuesday, Thursday, Friday  
 8 a.m. to 5 p.m. (closed from noon to 1 p.m.)

**24-Hour Access & Crisis Lines**  
**SUICIDE PREVENTION AND CRISIS SERVICES OF YOLO COUNTY**  
**Woodland:** 530-666-7778  
**Davis:** 530-765-5000  
**West Sacramento:** 916-372-6565

**24-HOUR TOLL-FREE ACCESS & CRISIS LINE**  
 888-965-6647

# GETTING STARTED

**Accessing care is easier than you might think**

### WHO QUALIFIES FOR SERVICES?

Yolo County Department of Health Services assists people with significant mental health conditions, whether they are on Medi-Cal or uninsured. Triage clinicians can also provide people with mild and moderate conditions a referral to a community organization that can meet their needs.

### HOW CAN SERVICES BE ACCESSED?

Call ahead to schedule an appointment at any of the three area mental health clinics (see list at right). Walk-in patients are also accepted.

#### Bring with you:

- Driver's license or state identification
- Health insurance cards, or proof of income if without insurance
- Proof of residency in Yolo County

### HOW DO I GET HELP FOR SOMEONE HAVING A MENTAL HEALTH CRISIS?

If the crisis places anyone in immediate danger, **call 911**.

If the crisis does not involve immediate danger, and the person in crisis has insurance coverage through a health plan, call the health plan to get a referral to a covered mental health provider.

**For all other instances, call the 24-hour toll-free access line at 888-965-6647.**