

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

For Fiscal Year 2016-17

Prepared by:

Resource Development Associates

May 23, 2016





This page is kept intentionally blank.

DRAFT



Table of Contents

MHSA County Compliance Certification	4
MHSA County Fiscal Accountability Certification.....	5
I. Community Program Planning Process Overview	6
II. Needs Assessment Findings	10
Data Collection Activities	11
Key Findings on the Community’s Mental Health Needs	15
MHSA Program Plan Updates	21
MHSA Program Participant Demographics	22
Community Services and Supports (CSS)	22
Children’s Mental Health Services (FSP, GSD, O/E Programs)	22
Pathways to Independence for Transition-Age Youth (FSP, GSD, O/E Programs).....	26
Adult Wellness Alternatives (FSP, GSD, O/E Programs).....	28
Older Adult Outreach and Assessment.....	33
Level of Care Utilization System (LOCUS) Assessment Tool	36
Access to Care for Homeless and Indigent Program (ACHIP)	37
Free to Choose Substance Abuse Services.....	39
Prevention and Early Intervention.....	41
Prevention Programs	41
Wellness Project: Urban Children’s Resiliency	41
Wellness Project: Rural Children’s Resiliency	44
Wellness Project: The Senior Peer Counselor Volunteer Program.....	46
Early Intervention Programs	49
Early Signs Project: Early Signs Training and Assistance	49
Early Signs Project: Crisis Intervention Team (CIT) Training	52



Early Signs Project: Crisis Intervention Program (SB 82) Augmentation 54

Innovation (INN)..... 55

Community Outreach and Rural Engagement (CORE/CREO) Creando Recursos y Enlaces Para Oportunidades (CREO) 55

Housing Now 57

Workforce, Education, and Training (WET) 60

Intern Therapy for Older Adults..... 60

Psychiatric Residency Program Development 62

Student Loan Repayment & Tuition Reimbursement Program 64

Mental Health Professional Development..... 66

Capital Facilities and Technology Needs (CFTN)..... 68

Capital Facilities 68

Technological Needs 70

Housing 72

III. MHSA Program Expenditure Updates..... 73

Appendices..... 79

Appendix I: MHSA Community Program Planning Process: Community Meetings PowerPoint 80

Appendix II: MHSA Community Program Planning Process: Program Feedback Form 84

Appendix III: MHSA Community Program Planning Process: Community Report Back PowerPoint..... 85

Appendix IV: MHSA Community Program Planning Process: Invitation Flyer 89

Appendix V: MHSA Community Program Planning Process: MHSA Sign in Sheet..... 90

Appendix VI: MHSA Community Program Planning Process: Demographic Form 91

Appendix VII: MHSA Community Program Planning Process: MHSA Values & Components Handout.. 92

Appendix VIII: MHSA Community Program Planning Process: Feedback Form..... 94

Appendix IX: Mental Health Services Act Summary Program Data FY 12-13, 13-14, 14-15..... 95



MHSA COUNTY COMPLIANCE CERTIFICATION

County: Yolo

- Three-Year Program and Expenditure Plan
 Annual Update

<p>Local Mental Health Director Karen Larsen, Mental Health Director (530) 666-8651 Karen.Larsen@yolocounty.org</p>	<p>Program Lead Joan Beesley, MHSA Manager (530) 666-8536 Joan.Beesley@yolocounty.org</p>
<p>Local Mental Health Mailing Address: Yolo County Health and Human Services Agency 137 N. Cottonwood St., Suite 2500 Woodland, CA 95695</p>	

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

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on _____, 2016.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached annual update are true and correct.

 Mental Health Director/Designee (PRINT)

 Signature

 Date





MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION

County: Yolo

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

Local Mental Health Director Karen Larsen, Mental Health Director (530) 666-8651 Karen.Larsen@yolocounty.org	County Auditor-Controller/City Financial Officer
Local Mental Health Mailing Address: Yolo County Health and Human Services Agency 137 N. Cottonwood St., Suite 2500 Woodland, CA 95695	

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, 2016, 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, 2016. I further certify that for the fiscal year ended June 30 2016, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund. I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

 County Auditor Controller/City Financial Officer (PRINT)

 Signature

 Date





I. Community Program Planning Process Overview

Annual Update Contents

Yolo County began the Community Program Planning (CPP) process for its Mental Health Services Act (MHSA) Annual Update for FY 2016-17 in February 2016. Yolo County Health and Human Services Agency (HHS) contracted with Resource Development Associates (RDA) to facilitate the CPP activities that culminated in this plan. The purpose of this plan update is to describe Yolo County's CPP process, provide an assessment of the needs identified and prioritized via an inclusive stakeholder process, and highlight the program and expenditure modifications or enhancements needed to support a robust mental health system based on the MHSA core values. This Annual Update is intended to review MHSA funded programs and services provided in FY 2014-15 and to provide programming, service, and funding updates to the County's MHSA Three-Year Program and Expenditure Plan for FY 2014–2017. This review will support Yolo County to project anticipated programming and service needs in FY 2016-17. This Annual Update includes the following sections:

- **Overview of the community planning process** that took place in Yolo County from February through June 2016. Yolo County's CPP was built upon the meaningful involvement and participation of mental health service consumers and their family members, service providers, members of law enforcement, education representatives, representatives from social services agencies, members of health care organizations, and representatives of underserved populations as set forth by the MHSA CPP guidelines.
- **Assessment of mental health needs** that identifies both strengths and opportunities to improve the mental health service system in Yolo County. The needs assessment used multiple data sources—including service utilization data, stakeholder work groups, community meetings, and public comments—to identify the service gaps which will be addressed by Yolo County's proposed MHSA programs for FY 2016-17.
- **Description of Yolo County's MHSA programs** by component which includes a detailed explanation of each program, its target population, the mental health needs it addresses, and the goals and objectives of the program. This section of the plan also provides information on the expected number of unduplicated clients served and the program budget amount.

This plan is required by Proposition 63 (MHSA), approved by California voters in 2004 to expand and transform the public mental health system. The MHSA represents a statewide movement to provide a better-coordinated and comprehensive system of care for those with serious mental illness, and to define an approach to the planning and the delivery of mental health services that are embedded in the MHSA Values (see Figure 1).



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

- ❖ Increased focus on coordination of care for Older Adult clients with chronic conditions.
- ❖ Enriched curriculum at Wellness Centers to include vocational skills and continue to hire former clients as peer support workers.
- ❖ Implementation of Mobile Tele-Psychiatry procurements and improvements.

Figure 1: MHSA Values



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

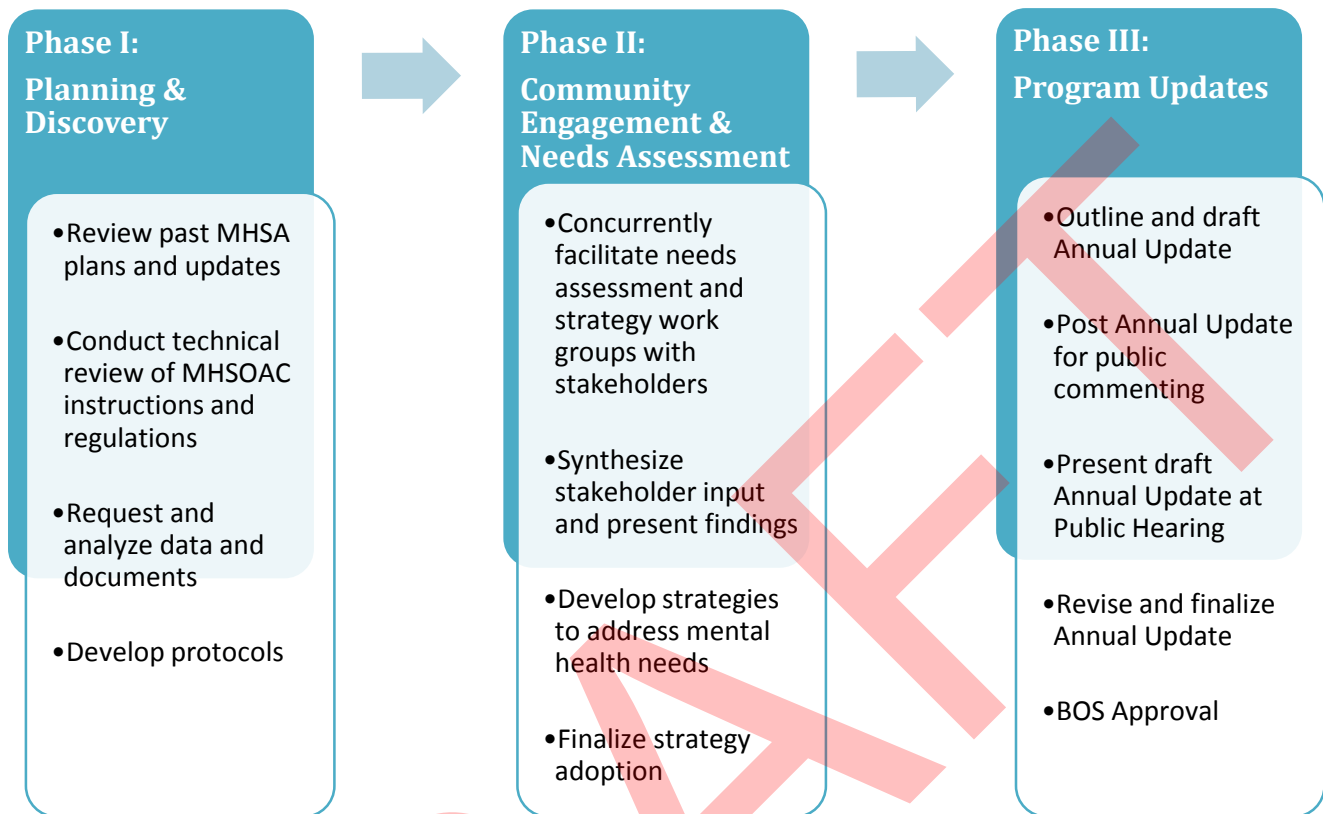
Project Approach & Methodology

In November of 2015, HHS initiated a planning process for the MHSA Annual Update for FY 2016–2017. The MHSA Planning Committee was led by Joan Beesley, MHSA Coordinator, and RDA, a consulting firm with mental health planning expertise.

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



Figure 2: Community Program Planning Process



Planning and Discovery

The first phase of the CPP, Planning and Discovery, included activities such as reviewing past MHSA plans and updates to ascertain a baseline status for all MHSA-funded programs and inform the development of materials to gather input on community mental health needs and recommendations for program changes in order to meet those needs. The planning team reviewed the Mental Health Services Oversight and Accountability Commission’s (MHSOAC) guidelines to ensure data collection activities were aligned to meet those goals and objectives and reviewed new regulations for prevention and early intervention (PEI) and innovation (INN) programs.

Community Engagement and Mental Health Needs Assessment

The second phase of the CPP process focused on a comprehensive community mental health needs assessment, in which RDA integrated the needs assessment within the community engagement activities to gather stakeholder’s input on needs and suggestions for improving MHSA funded programs and services. In each community input meeting, the planning team reviewed the MHSA Annual Update process, grounded stakeholders in the MHSA Values, and provided information on additional opportunities to engage. During these meetings, stakeholders heard from the MHSA Coordinator about



program accomplishments and were encouraged to ask questions about the process and share their thoughts on outstanding needs and programs. The planning team ensured that consecutive community engagement activities: 1) reviewed the needs and program suggestions highlighted from previous meetings; and 2) expanded and/or captured additional needs and program suggestions.

The planning team held community meetings with County mental health services staff, medical and mental health providers, community-based organizations, and other community stakeholders, as defined in the MHSA (e.g. family members, consumers, representatives from other service sectors). Appendix I includes the PowerPoint used during the first round of community meetings. In addition to reviewing the MHSA Annual Update process and emerging needs, community input meetings focused on the following questions:

1. Of the existing MHSA programs, what programs or services are working well?
2. What changes would you make to existing programs? What would need to be added or modified?
3. What existing resources from county or community-based organizations could be leveraged?
4. Would any of these strategies address other gaps?

The results of the community input meetings were synthesized into a needs assessment, which outlined mental health needs and suggested program changes.

Following these sessions, RDA worked with HHSA to consider community feedback and develop strategies to address mental health needs. The needs assessment and strategies were presented to HHSA stakeholders, consumers, family members, other service providers, and interested parties via community meetings. The purpose of these community meetings was to report back on proposed updates to the needs assessment and programs included in this plan update, validate and gather additional input, and refine the proposed updates. The community meetings resulted in program modifications and actions that HHSA will implement for FY 2016-17, as described in this annual update/program and expenditure plan. See community report back meeting PowerPoint in Appendix III.

MHSA Program Updates

The third phase of the CPP process involved drafting the Annual Update and providing additional opportunities for the community to give feedback on the draft plan. The plan was posted online on May 24, 2016, with hardcopies available at HHSA service locations, partner agencies, and at every County library. After a 30-day public comment period, the plan update will be presented at a public hearing convened by the Local Mental Health Board on June 23, 2016. During the 30-day public posting period and public hearing event, community members are encouraged to provide public comment, which will be included and addressed in the proceeding section. Once all of the community feedback and public comment is received and incorporated into the plan update, the Annual Update will be presented to the Board of Supervisors (BOS) for approval. Details about the local review process and public comment period will be added below after the close of the public comment period.



Local Review Process and Public Comments (TO BE COMPLETED AFTER PUBLIC HEARING)

This section will include a description of:

- The dates of the 30-day review process
- Methods used by the county to circulate, for the purpose of public comment, the draft of the plan to representatives of the stakeholder's interests and any other interested party who requested a copy of the draft plan
- The date of the public hearing held by the local mental health board or commission
- Substantive recommendations received during the 30-day public comment period, and
- Substantive changes made to the proposed plan.

Public Comments

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

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

II. Needs Assessment Findings

Yolo HHSA has made numerous advancements in their MHSA funded programs and services to help meet the needs of County residents. In the last year, HHSA has increased the availability of MHSA funded programs and services to better meet the community's mental health needs. For example, HHSA has partnered with Citizens Who Care, a non-profit organization, to leverage their expertise in supporting community volunteers who serve older adults through the Senior Peer Counseling program. Through this partnership, HHSA has expanded and strengthened this program, which trains and supports volunteers (Senior Peer Counselors) who focus on social and emotional issues and lend support to isolated and underserved older adults in Yolo County.

In response to last year's need for increased access to social support and wellness activities, HHSA reopened the West Sacramento Wellness Center to expand service offerings for consumers living in that part of Yolo County, including dedicated hours for Transitional Age Youth (TAY). In Woodland, HHSA will also provide facility upgrades for the existing Wellness Center, specifically remodeling the space to include a kitchen, to enhance life skills classes. HHSA also increased the number of Peer Support Workers from 3 to 12, which has been beneficial for outreach, engagement, and retention of consumers in mental health services and programs. In addition to hiring additional Peer Support Workers, HHSA has added County mental health staff in order to increase the availability of and access to services. For example, HHSA hired a Geriatric Psychiatrist who will be assigned to provide Mobile Tele-Psychiatry services to older adults living in rural and isolated parts of Yolo County, as well as increase availability of psychiatric services to this population.



HHS has dedicated itself in continuing to expand and transform MHSA-funded mental health programs and services throughout Yolo County. In addition, with the merger of county health, mental health and social service agencies, HHS is leveraging integration to improve upon the seamless provision of all health and social service supports in the County. For example, in the coming months, HHS will expand the use of Health Navigators to serve as a resource for consumers, family members, and staff in accessing new and existing co-located services.

As with any planning process, ways to improve upon current programs and services often surface. The following needs assessment presents input from stakeholder groups to guide HHS in continuing their expansion and transformation to better meet the community's mental health needs.

Data Collection Activities

To ensure sufficient opportunities for community input, RDA in collaboration with Yolo County HHS, collected data across a variety of CPP events. These activities took place in March 2016, and included community stakeholder meetings and HHS staff and provider work groups. Flyers and emails helped recruit stakeholders (see Appendix IV for the flyer used). These meetings and work groups took place in order for consumers, family members, staff, and other stakeholders to express their needs and perceptions related to public mental health services in Yolo County, to share their experiences with the current system of services, and to provide suggestions for improving MHSA-funded programs and services. In order to track participants, RDA used sign-in sheets at each meeting (see Appendix V for a sample sign-in sheet). Table 1 provides participant detail.

Table 1. Data Collection Activities and Participants

Activity	Date	Total Participants
Community/Stakeholder Kickoff Meeting	March 1, 2016	13
Staff Input Meeting	March 3, 2016	41
Community Input Meeting	March 9, 2016	29
Provider-Stakeholder Work Group	March 17, 2016	5
MHSA Stakeholder-Budget Meeting	May 10, 2016	(24) ¹
Total		88

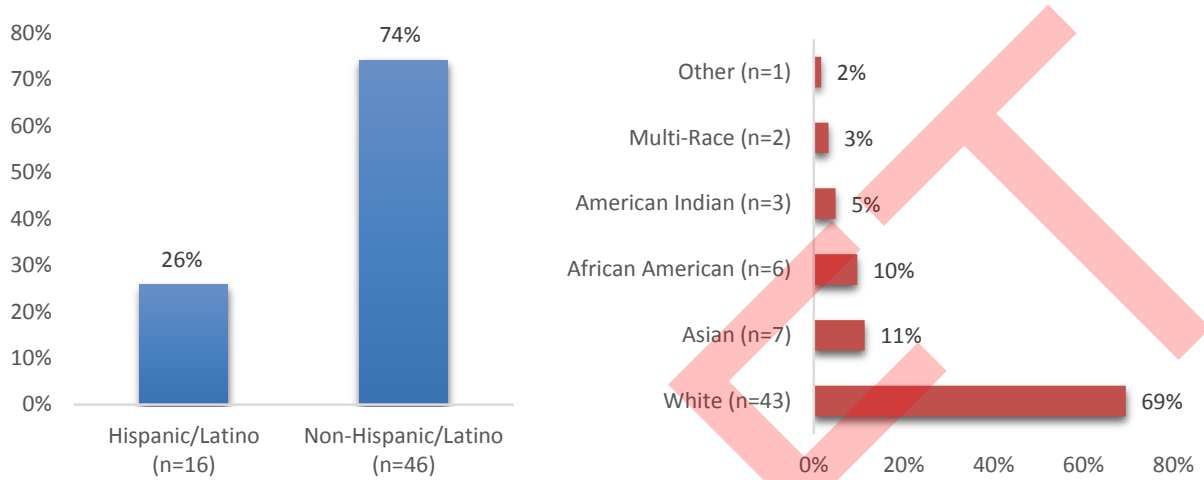
Excluding the 24 participants who attended an additional stakeholder meeting, 88 stakeholders attended at least one of these stakeholder meetings, and of those who completed a demographic survey (see Appendix VI) 85% (n=53) were in the age group of 25-59 years, 5% (n=3) were 16-24 years of age, and 10% (n=6) were aged 60 or older. For gender, 71% identified as female, 28% identified as male, and 2% identified as gender-queer. Additionally, RDA examined the ethnic breakdown: 26% identified themselves as Hispanic/Latino; and 74% identified themselves as non-Hispanic/Latino. When participants were asked

¹ The MHSA Stakeholder Budget meeting was an additional stakeholder meeting held by HHS and therefore not included in the total or demographic analysis.



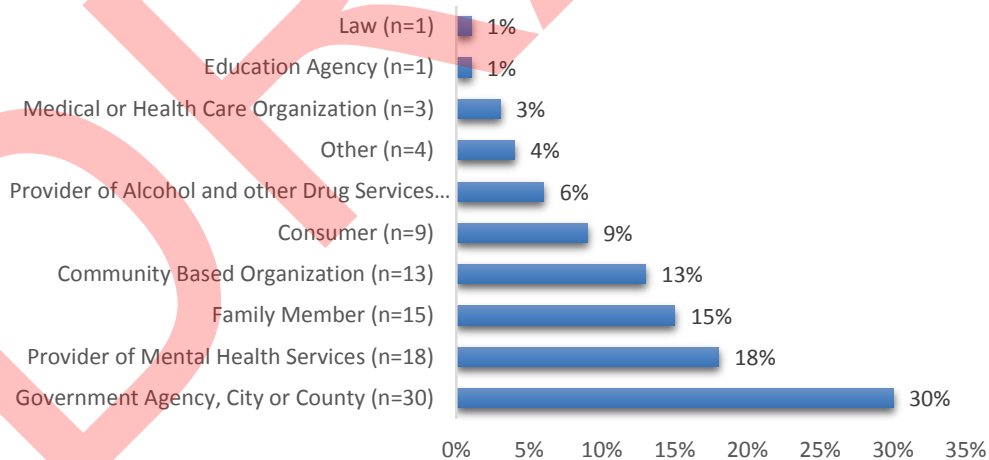
to identify their race, 69% indicated they were White, 11% were Asian, 10% African American, 5% American Indian, 3% as Multi-Race and 2% as other (See Figure 3).

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



Among the various groups represented in the annual update process, the largest group (30%) identified as being affiliated with a city or county government agency, 18% identified as a provider of mental health services, 15% as a family member of a consumer of mental health services, 13% as CBOs, 9% as consumers of mental health services, 6% as providers of alcohol and drug services, 4% as other, 3% as affiliated with a mental health care organization and 1% each affiliated with law and education agencies (See Figure 4).

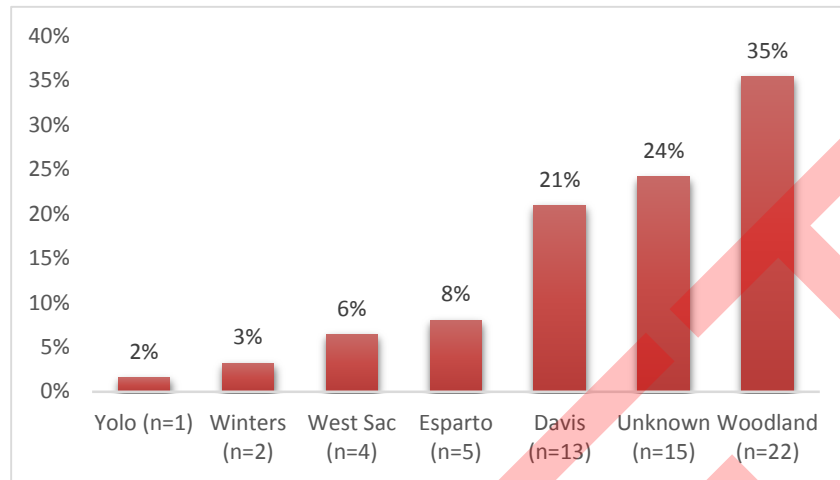
Figure 4. Stakeholder Affiliation of Participants in Community Meetings and Focus Groups



RDA also examined the location where the participants of the work groups and community events live within Yolo County. The largest group of participants lived in Woodland 35%, followed by Unknown or outside of Yolo County 24%, Davis 21%, Esparto 8%, West Sacramento 6%, Winters 3%, and 2% Yolo.



Figure 5. Participant Location of Residence in Yolo County



After the initial round of community engagement, RDA held three additional community report back meetings in April 2016 to validate and refine the proposed updates; eleven people participated in the report-back meetings. The majority of stakeholders who participated in the community report back meeting were 25-59 years of age (82%), and 18% were 60+ years of age. RDA also explored the ethnic and racial breakdowns; 36% identified as Hispanic/Latino and 64% identified as Non-Hispanic/Latino (See Figure 6). Most participants identified their race as White/Caucasian 64%, followed by Multi-Race 18%, and American Indian 18%.

Figure 6. Race and Ethnicity of Stakeholders Participating in Community Report-Back Meetings

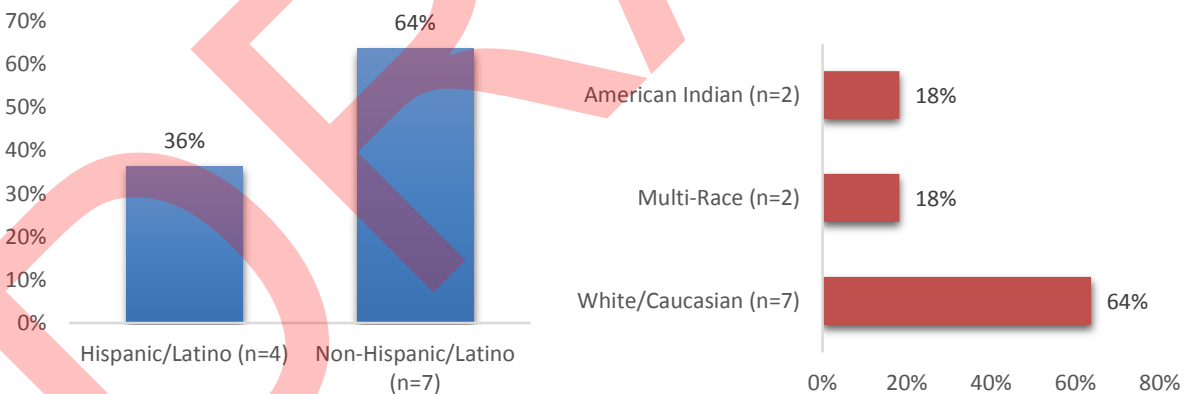
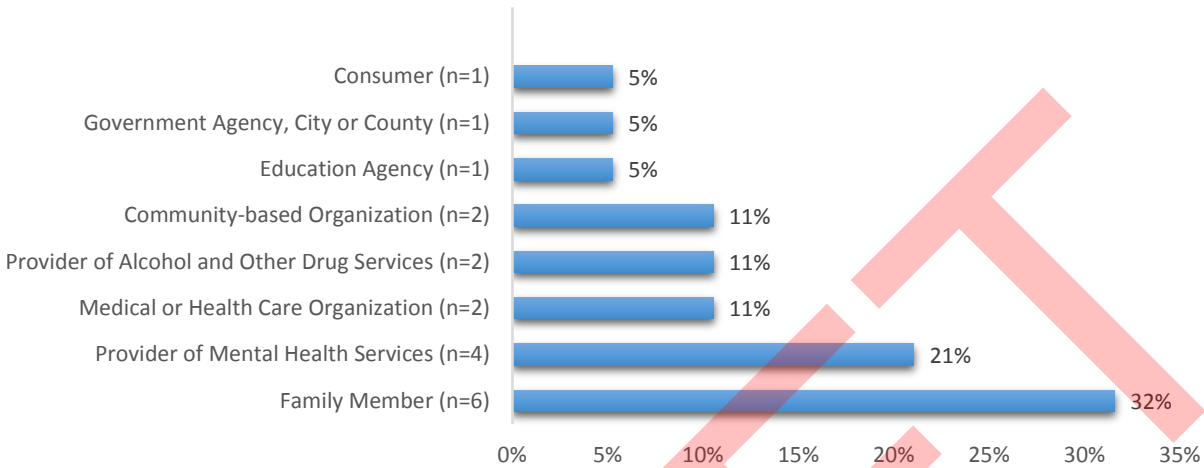


Figure 7 below represents the stakeholder affiliations that participated in the community report back meetings. Of the attendees, 32% identified as family members, 21% as providers of mental health services, 11% each from medical or health care organizations, provider of alcohol and other drug services, and community based organizations, and 5% respectively from an education agency, government agency, or consumer.

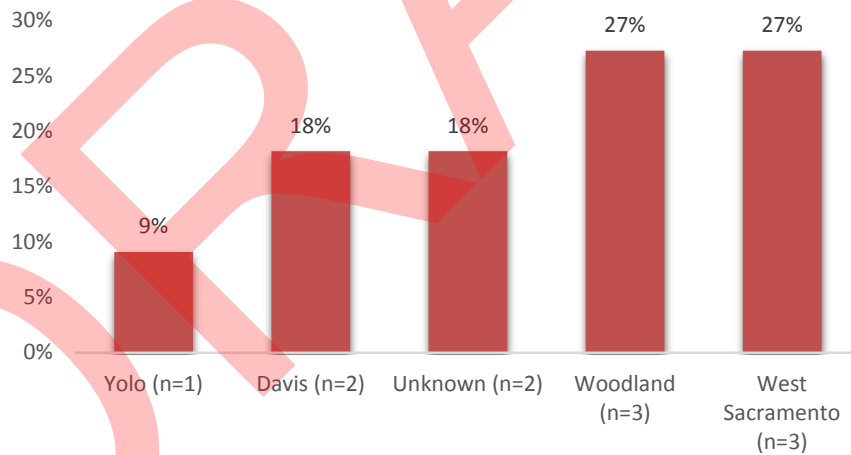


Figure 7. Stakeholder Affiliation of Participants in Community Report Back Meetings



RDA also examined the location where the participants of the work groups and community events live within Yolo County. The largest groups of participants lived in West Sacramento and Woodland each 27%, followed by 18% each from Davis and unknown or outside, and 9% from Yolo (See Figure 8).

Figure 8. Location of Residence of Participants in Community Report Back Meetings



Also during the community engagement activities, we presented attendees with documents regarding the MHSA values, the updates and needs from FY 2016-2017, as well as opportunities to provide feedback. For examples of the feedback forms please refer to Appendices VII-IX.

On May 10, 2016 HHSa held an additional MHSA Stakeholder meeting to provide clarification for adjustments made to the MHSA Budgets for FY 2016-2017. The HHSa Finance Director presented the MHSA budget and facilitated a discussion to answer stakeholder questions.



Key Findings on the Community's Mental Health Needs

As part of the annual update CPP process, RDA used the information collected during focus groups, community meetings, and stakeholder work groups to identify key themes that were discussed in relation to the mental health services provided in Yolo County. Community feedback pointed to several key needs and concerns, as well as positive attitudes regarding HHS's implementation of MHSA programs and services over the last year. The needs assessment identified six key areas of needs:

- (1) Crisis Supports;
- (2) Mental Health Service Availability;
- (3) Workforce Education and Training;
- (4) Outreach and Engagement;
- (5) Housing; and
- (6) Other Considerations.

Barriers to Accessing Crisis Support Services

Overall, Yolo County's MHSA stakeholders reported wide support for the Crisis Intervention Program, which places staff clinicians with law enforcement to respond to reports of mental health crisis in four regions of the county. HHS staff also shared that connecting crisis peer support workers to consumers post-discharge is working well to prevent future crisis. Nonetheless, the needs assessment did reveal a need for greater continuity in mental health services, resources, and supports after a mental health crisis.

Key Finding 1: Increase availability of crisis services and post-crisis discharge options. Currently, Yolo County residents go to an Emergency Department to seek support during a psychiatric emergency. For adults who do not require inpatient hospitalization, Yolo County contracts with a provider organization for an adult crisis residential treatment (CRT) program. Stakeholders shared that there are not enough immediate in-county discharge options for consumers exiting the emergency department or hospital. Stakeholders mentioned that finding placements for adolescents is particularly difficult.

Some stakeholders suggested creating a Crisis Stabilization Unit (CSU) for adults and a CRT for youth to provide immediate mental health service supports or a step-down option post mental health crisis. HHS plans to conduct more comprehensive data analysis regarding service utilization and need to determine the feasibility of these suggestions.

Key Finding 2: Increase in-county residential treatment and supportive housing options for adult and older adult mental health consumers with physical and/or behavioral health care needs. The needs assessment revealed that often consumers are placed out-of-county which can impact their insurance and benefits and decrease access to their support system. As one HHS provider noted:

We need to do a better job getting people services where they are at. For example, we are placing some folks in Sacramento and that creates problems. They should be getting services in Yolo as they are Yolo residents. We need to give people services to help them stay in the community.



Due to admission criteria, several mental health providers shared that it is difficult to find placements for adults and older adults, especially if they experience both chronic and behavioral health care needs. Some HHSA staff suggested encouraging the development of more local Board & Care Facilities to provide adult and older adult mental health consumers with long-term residential treatment and supportive housing options. Other MHSA stakeholders suggested either adding behavioral health beds at a skilled nursing facility (SNF) or adding behavioral health staff support to a traditional nursing facility.

The County is committed to addressing these issues, and one of the primary goals this fiscal year is to increase the coordination of care for older adults with chronic health conditions. HHSA will explore options to increase local supportive housing options for consumers, and in this following year, will convene a committee to develop potential solutions for creative residential options.

Improving Mental Health Service Availability

Overall, community members and stakeholders noted improvements in the availability of services in Yolo County. HHSA staff and stakeholders believe that integrating the County health and social service agencies has improved services for consumers, especially those with multiple service needs. Over the past three years, Yolo County HHSA has continued to increase services and staff to pre-recession levels, and have now fully staffed their Full Service Partnership (FSP) teams and hired a psychiatrist who specializes in serving geriatric clients (previously identified as a gap). Even with the added effort, stakeholders noted more areas of need.

Key Finding 3: Increase case management and psychiatry service availability system-wide. Despite Yolo County's recent mental health staffing additions, mental health stakeholders and consumers expressed the need for additional staffing to provide case management and psychiatry. The County acknowledges the specific workforce challenges and statewide shortage of psychiatrists and is in the process of exploring a partnership with the UC Davis School of Medicine for a psychiatric residency program. The newly hired Medical Director plans to make this a priority during this plan's implementation.

Key Finding 4: Improve access and collaboration for mental health services for school-age children and youth. Mental health providers and stakeholders noted that current demand for school-based programs exceeds the capacity. Providers shared that referrals for children and youth are increasing in amount and acuity. Similarly, TAY and family members expressed the need for more clinical counseling, case management, and mentoring for children and youth. TAY mentors noted that while children in middle school and younger might not be in crisis, they are experiencing behavioral problems that could be addressed with anger management and other support groups. TAY mentors also shared the need for additional support for middle school youth around body image and eating disorders.

Given the changes that arose from AB114 that realigned the responsibility for education-related mental health services (ERMHS) to the schools and the presence of school-based PEI-funded programs for children and youth at risk of mental health problems, HHSA will attempt to strengthen the collaboration with the schools to clarify roles and eligibility criteria. HHSA will also work with schools on how best to promote access for services provided by the schools as a part of ERMHS, PEI-funded programs for at-risk



youth, and services as a part of HHSA's network of children's mental health services. Specifically, HHSA will make a concerted effort to partner with Yolo County Office of Education and the Special Education Local Plan Area (SELPA) Coordinator to build bridges between the schools and HHSA to ensure that children and youth get needed services in the most appropriate settings.

Key Finding 5: Improve access to efficient and reliable transportation. Consumers and stakeholders across age groups and affiliations requested more efficient and reliable transportation to and from services. One TAY participant expressed challenges in accessing services through public transportation, because bus routes have removed services from Winters to Woodland. Some stakeholders suggested addressing this concern by adding more services at the new HHSA Service Center in Winters. HHSA will consider the addition of mental health services in Winters as well as the extension of Mobile Tele-Psychiatry. With the new Mobile Tele-Psychiatry program, HHSA staff will be equipped to bring services to isolated and infirmed clients while minimizing the burden of transportation.

In a similar vein, HHSA staff noted that although hiring of field staff has increased, the number of county vehicles assigned to those staff has not. HHSA will investigate vehicle inventory and fleet management processes to improve access to transportation for field-based services.

Key Finding 6: Increase community-knowledge and navigation of services available across county. Making the community aware of available mental health resources and how to access these services should increase overall utilization of services. Consumers reported needing more support to guide them through available options for mental health care. Similarly, HHSA staff mentioned needing updated and accurate resource guides to help them make better referrals for their clients and consumers. In the following year, HHSA plans on utilizing already funded Health Navigators to support consumers, staff, and family members in accessing mental health and other services.

Key Finding 7: Expand hours and operations for mental health programming. Stakeholders discussed a need to evaluate which programs can do more evening or weekend hours. HHSA noted that many programs currently provide expanded weekend and evening hours, and in the following year will continue to explore additional programming hours to meet consumers' needs.

Outreach and Engagement for Underserved Populations

During the community report back meetings, providers indicated that stigma of mental health continues to be a barrier for some unserved and/or underserved populations. Community stakeholders and consumers noted the progress that HHSA has made in providing outreach and engagement for these unserved and/or underserved populations, and called for an increase in outreach and more culturally responsive approaches for the specific populations listed below.

Key Finding 8: Expand the types of culturally appropriate service options and outreach for underserved or inappropriately served populations: Community members indicated that targeted outreach and engagement is needed to serve some of the more difficult to reach populations in the county. In addition to homeless individuals and TAY, the needs assessment revealed populations that are either unserved, underserved or inappropriately served. Some of the prominent suggestions at both community input and



report back meetings were to: 1) target recruitment for bilingual and bicultural staff; and 2) partner with volunteer organizations who are already serving the underserved populations in order to leverage their connections and increase access to services. The following are the populations identified as needing more targeted outreach and engagement to support their access to mental health services.

- ❖ **Latino:** Consumers and stakeholders acknowledged increased outreach by HHSA in the Latino community, but requested more supports. HHSA will continue to work on staff recruitment to support outreach and engagement. Additionally, the CREO program, funded as a part of MHSA Innovation, is focused on using Promotores to engage the Latino population, including undocumented individuals.
- ❖ **Russian:** Stakeholders shared that the addition of a Russian-speaking bilingual-bicultural outreach worker was helpful for the Russian community, and expressed wanting more outreach workers to better engage the Russian community.
- ❖ **LGBTQ:** Stakeholders shared that while there are more services for LGBT community than in past years, greater awareness of available resources is needed.
- ❖ **Asian and Pacific Islander:** One mental health provider called for more education on available services for the API community, noting that due to stigma, Asians and Pacific Islanders were likely to receive mental health services only in times of crisis.
- ❖ **Undocumented:** Stakeholders requested more targeted outreach and education regarding services available to undocumented individuals. One participant noted: *"Outreach is helpful, but there is still a barrier for folks that are afraid to come forward related to them being undocumented."* The aforementioned CREO program, now entering its third and final year as a MHSA Innovation program, is collecting data on the needs of undocumented residents of Yolo County, which HHSA hopes to use in future community planning.
- ❖ **Older Adults:** As previously mentioned, HHSA is working to better serve older adults, and through its partnership with Citizens who Care, HHSA is better able to engage older adults who may have mental health treatment needs. Additionally, the Mobile Tele-Psychiatry program's first phase of implementation is specifically targeted to geographically isolated older adults, as well as those with mobility challenges.
- ❖ **Rural:** Stakeholders in the community report back meetings emphasized the importance of providing outreach and engagement and mental health services to rural communities who often experience isolation and heightened stigma of mental health, which causes barriers to receiving services.

Key Finding 9: Increase outreach and engagement efforts to TAY. During the initial community input meetings, stakeholders expressed the need for more targeted outreach and engagement efforts for TAY. Yolo County is working to improve TAY outreach, especially among foster youth. Specifically, HHSA has created dedicated TAY hours that can accommodate wellness activities and program curricula appropriate for TAY at the West Sacramento Wellness Center. HHSA will also continue to explore the feasibility of opening a TAY Wellness Center in Davis.



Key Finding 10: Improve homeless outreach and engagement into services. Stakeholders acknowledged the need to continue to engage people experiencing homelessness. Some stakeholders suggested partnering with other organizations to improve outreach and engagement or providing additional staff to help homeless individuals navigate services. Consumers suggested creating a homeless multi-service drop-in center where homeless individuals could have access to food, laundry, and showers. In fiscal year 2015-2016, Yolo County prioritized addressing homelessness throughout the County and dedicated resources to support this initiative. As a result, stakeholders and consumers indicated vast improvements in access to services for homeless individuals. HHSA will continue to expand homeless services.

Workforce Education and Training

In addition to program- and service-specific improvements, stakeholders reported increased awareness of mental health training and education programs. HHSA is now building their workforce trainings to address older adult and adult consumers experiencing hoarding and cluttering behaviors.

Key Finding 11: Increase types of trainings and add in technical assistance and support for staff. Staff and stakeholders acknowledged the availability of staff and provider training opportunities as well as the addition of trainings specific to cultural responsiveness. Stakeholders suggested new ideas for trainings on eating disorders and grief, to support children and youth in particular. Consumers suggested that all mental health staff receive customer service training to increase a warm and welcoming attitude toward consumers accessing services.

For ongoing trainings on topics such as post-traumatic stress disorder (PTSD), cognitive behavioral therapy (CBT), and dialectical behavioral therapy (DBT), HHSA staff requested that in addition to the training sessions, technical assistance and support be available to help staff implement the learnings in day-to-day activities. Stakeholders also suggested that the county develop trauma-informed care curriculum and trainings specifically for non-mental health professionals who support mental health consumers during crisis such as Emergency Medical Services staff, emergency department staff, and law enforcement.

In the community report back meetings, stakeholders indicated that they would like to see trainings addressing the structural and institutional biases that may interfere with the provision of culturally appropriate mental health services. HHSA focused many of the current year's trainings on cultural competency topics and will continue to strengthen those offerings in the coming months.

Key Finding 12: Expand resources to support meaningful engagement of consumers. The needs assessment discovered that as people engage in recovery support services, they also need meaningful activities to promote their mental health recovery. Stakeholders suggested enriching the Wellness Center curriculum to include more job-focused activities and volunteer opportunities. Stakeholders also mentioned strengthening the FSP programs to increase vocational, education, group services, and social supports. Community members suggested increasing partnerships with other organizations that might have job-opportunities for consumers, especially jobs not related to mental health. At the Wellness Centers, HHSA plans on enhancing the existing job readiness and other vocational and volunteer activities.



Additionally, HHSA has recently hired additional Peer Support Workers, and will continue to engage clients to work in the Wellness Centers and at various jobs in the agency.

Housing

In addition to the programs and workforce development needs above, stakeholders acknowledged that a lack of affordable housing and supportive housing options continues to be a barrier to recovery. HHSA is currently exploring local supportive housing and residential options for consumers. In this coming fiscal year, local developers will break ground on an 80-unit low-income apartment complex, which will include 20 apartments funded by the MHSA Housing allocation, and specifically designated for MHSA clients experiencing homelessness.

Key Finding 13: Increase access to affordable and safe housing in Yolo County. Stakeholders noted a need for improved access to affordable housing in the County, including access to respite homes and board and care facilities. As previously mentioned, HHSA is creating a committee to look specifically at building the county's capacity for developing board and care facilities and other supportive housing options. In addition to the committee, HHSA will address this need in the next MHSA Three-Year Program and Expenditure Plan, possibly in the context of a new Innovation (INN) plan.

Other Considerations

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

Key Finding 14: Improve coordination of services for older adult consumers with dementia. MHSA stakeholders and mental health providers discussed the challenges that older adults experiencing dementia face when trying to access appropriate services, especially if they are also mental health consumers. MHSA stakeholders would like to see training for emergency room personnel and staff working with older adults with dementia, specifically regarding interviewing techniques and proper assessments. Stakeholders also would like to see improved coordination of services and an enhanced continuum of care between physical and behavioral health programs and services.



MHSA Program Plan Updates

Structure of Programs

This report will provide FY 2014-15 program and service updates for the following programs:

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



MHSA Program Participant Demographics

In Fiscal Year 14-15, **1,218** new or existing clients with serious mental illness (SMI) were served by MHSA programs. Of those clients with SMI, **874** received services from Community Services and Support (CSS), and **344** clients received services from Innovation (INN) programs.

In that same period, **5,047** individuals were served by MHSA programs offering outreach and engagement, benefits assistance, preventative services, early mental health intervention, or specialty training in recognizing and responding to the signs and symptoms of mental illness or suicidal behaviors. While the data includes some clients who were served by multiple programs, **3,195** received services from Prevention and Early Intervention (PEI) programs, **1,916** received services from CSS, and **909** received services from INN. A total of **6,265** people in Yolo County received services funded by MHSA between July 1 and June 30, 2015. For a complete report on numbers services and demographics of participants in MHSA funded programs and services for FYs 12-13, 13-14 and 14-15, see Appendix IX.

Community Services and Supports (CSS)

Children's Mental Health Services (FSP, GSD, O/E Programs)

FY 2014-15 Status

- Continuing Program
- Children's Mental Health Services met its objectives in FY 2014-15.

Program Description

The CSS Children's Mental Health Services programs served Yolo County children up to age 16 (and their families) who have psychiatric disabilities or serious emotional disturbances and those with unmet or under-met mental health treatment needs. These programs provide Full Service Partnerships (FSP), General System Development (GSD) services, and Outreach and Engagement (O/E). The programs also emphasized services to school-age children who are Latino and/or are English learners. A bilingual-bicultural clinician provides most of the direct services to Latino children experiencing serious emotional difficulties. Services are available to children county-wide and include specific outreach into rural portions of the county where a disproportionate number of Yolo County residents are English learners and also live in poverty.

Populations Served in FY 2014-15

- 266 individuals served, ages 0-17

Key Activities in FY 2014-15

- Conducted outreach and engagement services to identify children and families who are in need of mental health services that are culturally relevant and gender responsive.



Yolo County Health and Human Services Agency

MHSA Annual Update for FY 2016-17

- Contracted with Turning Point Community Programs, Inc. to provide intensive support services to children classified as Full Service Partners and their families, including individual and family therapy.
- Separated FSP from GSD services (previously a blended service program) by contracting these services to community providers.
- Provided community-based service provision available at the child or youth's home, schools, primary care clinics, and community programs, and expanded services in rural areas.
- Provided navigation and linkages to families in need of resources in the community for mental health services through a Family Partner.
- Collaborated with the county's school districts to provide mental health services to children identified as in-need, and/or to provide information and referrals to families.
- Coordinated with urban and rural CBOs to provide PEI services to children and youth identified as at-risk for developing more serious emotional issues, or manifesting signs of mental illness.
- Mentored youth and children.
- Operated a 24-hour crisis phone line and refer to crisis services and supports.
- Provided children/families with appropriate benefits assistance, including Social Security Disability Insurance or Supplemental Security Income, Medi-Cal or Medicare, as well as referrals to advocacy services.
- Educated children, youth, and their families or other caregivers regarding mental health diagnosis and assessment, medications, services and supports planning, treatment modalities, and other information related to mental health services and the needs of children and youth.
- Provided integrated physical and mental health services, which includes co-location and/or collaboration with primary care clinics or other health care sites and providers.
- Provided transportation to children, youth, and their families to mental health appointments at Yolo HHSA.
- Referred and linked clients to other community-based providers for other needed social services and primary care.

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – Children's Mental Health Services emphasizes wellness, recovery, and resiliency by supporting children and their families to determine and work toward their individualized goals, using evidence-based practices.
- **Consumer/Family-Driven Services** – The program helps consumers and their family members determine individualized goals for recovery, and partners with the family and others in the child's life to remove barriers to reaching those goals.
- **Cultural Competency** – Program staff members are continually expanding their knowledge of culturally competent evidence-based practices to better meet the diverse needs of Yolo County children. Staff have attended cultural competency trainings held by HHSA, and have also worked to address geographic isolation by bringing services to consumers where they are, such as in the home or school environment.



- **Community Involvement** – The O/E component of the program places staff in the community to build relationships with and mentor children in order to connect them with needed services.
- **Integrated Service Delivery** – Program staff function as an interdisciplinary team to provide comprehensive, holistic treatment that addresses the consumers’ mental health, social, emotional, medical, and housing needs, and partners with other providers, including primary care when appropriate.

Key Successes

Through their new contract with Turning Point Community Programs, Children’s Mental Health Services created 25 FSP slots for children and experienced an increase in referrals from schools and community. Additionally, the program expanded services provided in the rural areas of the county and continued its implementation and participation in trauma-informed care practices.

Barriers or Challenges

HHSA has noted difficulty with regard to staff changes and reassignments, and as previously mentioned, this was addressed by contracting with the local Early and Periodic Screening, Diagnostic and Treatment (EPTSD) provider, Turning Point Community Programs, to provide MHSA Children’s Mental Health Services for Full Service Partners.

FY 2014-15 Partners

Yolo HHSA administered Children’s Mental Health Services with the assistance of community providers.

Fiscal Year 2016-17 Planned Activities, Program Augmentations and Modifications

In an overall effort to promote service integration, while improving mental health services offered to the underserved children of Yolo County, HHSA is implementing key changes in MHSA service delivery. First and foremost, children’s FSP mental health services are now delivered by Turning Point Community Programs as contractor-provider. HHSA has expanded its number of FSP-eligible children from 8 to 25. Further, under the California Wraparound Program (SB 163), children in special circumstances, such as those involved in the juvenile justice system or child welfare program, who also have mental health treatment needs, will receive FSP services. In addition, protocols are being identified by which certain children with lower levels of acuity, but with demonstrable need, may receive General System Development services funded by MHSA. As new client identification and referral protocols are developed, they will be incorporated into the next MHSA Three-Year Program and Expenditure Plan.

The following are the three new dimensions of MHSA CSS Children’s Services:

1. **Full Service Partnership:** The MHSA Children’s FSP Program serves children 0-15 who meet the Serious Emotional Disturbance (SED) criteria and are in need of comprehensive community-based services to address identified needs. Children who qualify for FSP have often experienced psychiatric hospitalization or demonstrate behaviors that show they pose a danger to themselves



or others. In addition, these children may experience significant impairments in functioning demonstrated at home, school, and the community. An array of services are provided to help keep these children safe, including rehabilitation therapy, collateral services, case management, and medication support services.

2. **Full Service Partnership within SB 163 Wraparound:** The primary target population for Wraparound services includes children and youth up to age 18, with an open Child Welfare or Probation Case, who are at risk of out-of-home placement at a high level of care (RCL 10 and above), or children or youth returning from high-level residential placement to their home communities. Services delivered include: intensive case management for the children, youth, and families; development of the Wraparound team; regular Child and Family Team (CFT) meetings to benefit the child and the caregivers; behavioral health support services; and support for the child and caregivers to stabilize the placement. A child who also meets criteria for SED or who is at risk of or has experienced psychiatric hospitalization, may qualify for FSP Mental Health Services, within the context of the Wraparound program and its services.
3. **General System Development Services:** The MHSA GSD Program serves children aged 0-15, as well as Transition-Age Youth aged 16-25, in need of mental health rehabilitation services, case management, or collateral services in order to help them progress and make use of current mental health services, or to access more intensive mental health services when needed. Just as Children must meet SED Criteria, youth 16-25 must meet SED-TAY criteria, in order to qualify for GSD services, the child must also demonstrate a need for higher levels of support such as:
 - a. Risk of psychiatric hospitalization;
 - b. Risk of out-of-home placement such as Foster Care, residential care or IMD; and
 - c. Risk of Juvenile Detention or Jail.

Such specialty services may include individualized collateral, rehabilitation, case management, and intensive care coordination. Services are provided by a Specialist and/or Family Partner.

GSD Services may also include intensive case management services for the child, youth and family; development of the Wraparound team; regular Child and Family Team (CFT) meetings to address the needs of the child and caregivers; behavioral health support services; and support for the child and caregivers to stabilize the placement.

FY 2016-17 Projected Costs

- \$1.08 million is budgeted for Children's Mental Health Services (FSP and GSD)
- \$375,000 is the amount budgeted for the FSP direct services contract with Turning Point
- \$15,000 is the average cost per FSP client with Turning Point



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

FY 2014-15 Status

- Continuing Program
- Pathways to Independence met its objectives in FY 2014-15.

Program Description

The CSS Pathways to Independence program serves Yolo County Transitional Age Youth (TAY) ages 16 – 24 years (and their families) who are experiencing serious mental illness while transitioning to adulthood. This includes youth experiencing homelessness or serious risk for homelessness, emancipating from the foster care system or juvenile hall, involving with or at risk of involvement with the criminal or juvenile justice system, or experiencing a first episode of serious mental illness. This program provides a blend of Full Service Partnership (FSP), General System Development (GSD), Outreach and Engagement (O/E) services, and includes a continuation of the effort to identify a space for the TAY Wellness Center in Davis.

Populations Served in FY 2014-15

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

Key Activities in FY 2014-15

- Reopened the West Sacramento Wellness Center that offers consumer-driven services and social and recreational activities with TAY-specific hours.
- Provided intensive support services and case management to TAY identified as Full Service Partners, including individual therapy and other collateral support, when needed.
- Developed integrated service plans that identify needs in the areas of mental health, physical health, education, job training, employment, housing, socialization, independent living skills, and funding options.
- Provided seamless linkages between the children/youth mental health system and the adult mental health system as appropriate.
- Provided medication management services and nursing support.
- Provided TAY Partners with appropriate benefits assistance to enroll in entitlement programs for which they are eligible and to facilitate emancipation including Social Security Disability Insurance, Supplemental Security Income, and Medi-Cal.
- Assisted youth with location appropriate affordable housing in the community, including permanent affordable housing with combined supports for independent living.
- Provided life skills development to promote healthy independent living.
- Assisted TAY with developing employment related readiness skills and with seeking employment.
- Supported TAY to graduate high school and pursue college or vocational school.
- Provided referrals and navigation support for substance abuse treatment services, when needed.



Yolo County Health and Human Services Agency

MHSA Annual Update for FY 2016-17

- Transported TAY clients to and from appointments or the TAY Wellness Center in Davis and helped TAY obtain a driver's license when appropriate.
- Provided services to support families of youth during this period.
- Operated a 24-hour crisis phone line and refer to crisis services and supports.
- Educated youth and their families or other caregivers regarding mental health diagnosis and assessment, medications, services and supports planning, treatment modalities, and other information related to mental health services and the needs of TAY.
- Provided navigation and linkages to TAY in need of resources in the County or community for mental health services through a Peer Navigator/ Outreach Specialist.
- Referred and linked clients to other community-based providers for other needed social services and primary care.

MHSA Principles Addressed

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

Key Successes

The HHS integration with the other County health and social service agencies did ultimately impact staffing and oversight of the Pathways to Independence program, contributing to the services being incorporated into the new Child, Youth and Family Branch. HHS has arranged for dedicated TAY-hours at the West Sacramento Wellness Center (Fridays) and continues to provide other TAY groups in the community.



Barriers or Challenges

Yolo HHSA has experienced difficulty maintaining a full TAY Pathways team, but is working to hire more clinical staff for the program. HHSA continues to search for space that would be appropriate for a TAY-specific Wellness Center that focuses on activities for the TAY age group. At the current time, TAY over the age of 18 are welcomed to the Adult Wellness Centers in Woodland or West Sacramento, but many would prefer their own space and programs. Despite this limitation, HHSA has initiated planning for more TAY-specific activities at the Wellness Centers.

FY 2014-15 Partners

Yolo HHSA partnered with the Child, Youth and Family Branch of the Integrated System.

Fiscal Year 2016-17 Planned Activities and Modifications

- HHSA continues to explore a location for the Davis Wellness Center.
- HHSA plans to increase the number of TAY-specific groups and activities to address identified TAY needs.

While there are no additional program changes planned for this fiscal year's update, HHSA plans to create distinct service teams for Full Service Partnership (FSP), General Service Development (GSD), and Outreach and Engagement (O/E) in the next Three Year Plan.

FY 2016-17 Projected Costs

- \$883,911 is budgeted for TAY Pathways to Independence Services
- \$421, 203 is the approximate amount for TAY FSP services
- \$21,060 is the approximate cost per FSP client

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

FY 2014-15 Status

- Continuing Program
- Adult Wellness Alternatives met its objectives in FY 2014-15.

Program Description

The CSS Adult Wellness Alternatives program serves Yolo County Adults ages 25 – 59 years with serious mental illness who may be experiencing homelessness or who are at risk for homelessness, have criminal justice system involvement, have a co-occurring substance abuse disorder, or have a history of frequent hospital and emergency room utilization. This program provides a blend of Full Service Partnership (FSP), General System Development (GSD), Outreach and Engagement (O/E) services, and activities through the Wellness Center in Woodland. The primary focus of the Adult Wellness Alternatives program is to meet the mental health treatment needs of un-served, under-served, and inappropriately served adults living



in Yolo County with serious mental illness. The FSP component of the program includes an Assertive Community Treatment (ACT) team, as well as the continuation of a small assisted outpatient treatment program, also referred to as Laura's Law, for those who are unable to accept voluntary treatment and who are at continued risk of harm. The Woodland Wellness Center, a component of this program, provides services to those in FSP where clients can access an array of consumer-driven services and social/recreational programming. Programming at the Woodland Wellness Center focuses on culturally competent consumer education, vocational skills, life-skills development, socialization, and wellness or recovery. In addition to the Woodland Wellness Center, Yolo HHSA reestablished a Wellness Center for clients living in the West Sacramento area. The West Sacramento Wellness Center opened in January 2016, and provides Wellness Recovery Action Plan (WRAP) groups, therapeutic arts and crafts, smoking cessation groups, and dual-diagnosis groups.

The Adult Wellness Alternatives program includes supports to access housing, self-help programs, employment supports, family involvement, substance abuse treatment, assistance with criminal court proceedings, and crisis stabilization assistance, thereby offering several alternatives to support the individual client's prospects for wellness and recovery.

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

Populations Served in FY 2014-15

- 1300 individuals reached, ages 25-59

Key Activities in FY 2014-15 and 2015-16

- Reopened the West Sacramento Wellness Center on Tuesdays, Thursdays, Fridays (coinciding with the West Sacramento Mental Health Clinic days of operation), offering an array of consumer-driven services and social and recreational activities. On Tuesdays and Thursdays, the Wellness Center is open to all adult-age clients; and Fridays are specifically designated for TAY clients.
- Planned remodeling of Woodland Wellness Center (in process), including the installation of a small kitchen to be used to enrich life skills curriculum.
- Obtained approval to implement Peer Support Worker as a legitimate job classification in Yolo County.
- Hired 11 Peer Support Workers to provide consumer-led programming and activities.
- Formed the Moderate Intensity Recovery Services Team (providing GSD services) which consists of case managers and clinicians; one clinician specializes in crisis to better serve consumers with mild to moderate service needs in addition to medical support services.



Yolo County Health and Human Services Agency

MHSA Annual Update for FY 2016-17

- Implemented the Level of Care Utilization System (LOCUS) assessment to determine the most appropriate level of care for all clients.
- Implemented Care Teams to better provide wraparound services.
- Created a Forensic Services Team to assist individuals receiving FSP who are also involved in the justice system.
- Provided residential substance use treatment for FSP clients.
- Conducted integrated assessment that provides comprehensive mental health, social, physical health and substance abuse trauma assessments, which are strength-based, and focus on client/family member engagement.
- Provided intensive support services and case management to homeless and impoverished adults identified as Full Service Partners, including individual therapy and collateral support where needed.
- Provided ACT for acutely mentally ill consumers who have experienced repeated hospitalizations and/or had a history of placement in an Institute for Mental Disease (IMD).
- Provided medication management services and nursing support.
- Provided adults with appropriate benefits assistance, including Social Security Disability Insurance, Supplemental Security Income, Medi-Cal, or Medicare, as well as referrals to advocacy services.
- Conducted outreach services for persons who are homeless or at risk of homelessness that involve persistent, non-threatening, outreach and engagement services.
- Assisted homeless adults and adults without stable housing by locating appropriate, safe, and affordable housing in the community.
- Provided referrals and navigation support for substance abuse treatment services, when needed.
- Provided supportive living services to maintain housing.
- Promoted self-care and healthy nutrition.
- Assisted interested adults to find employment and volunteer experiences to enhance their integration in the community.
- Promoted pro-social activities, including creative or artistic expression as related to self-care.
- Transported adult clients to and from appointments or the Woodland Wellness Center.
- Operated a 24-hour crisis phone line and refer to crisis services and supports.
- Provided resources and information on skills for daily living.
- Provided programs, services, group supports, and socialization activities at two Wellness Centers.
- Provided navigation and linkages to adults in need of resources in the County or community for mental health services through a Peer Navigator or Outreach Specialist.
- Referred and linked clients to other community-based providers for other needed social services and primary care.



MHSA Principles Addressed

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

Key Successes

HHSA implemented several new strategies for supporting adults with mental health needs. HHSA established Care Teams to provide wrap-around services, provided substance abuse treatment for FSP clients in the most need, and created a Forensic Services team to assist individuals also involved in the justice system. HHSA also formed the Moderate Intensity Recovery Service team which consists of a clinical supervisor, two clinicians, and a dedicated crisis clinician. This team allows for more adult consumers with mild to moderate needs to receive comprehensive services and support.

Russian- and Spanish-speaking bicultural outreach workers were also hired to expand outreach to those communities. The West Sacramento Wellness Center reopened, and now both Wellness Centers have expanded the employment of Peer Support Workers to provide peer-led, recovery-oriented programming, such as Wellness Recovery Action Planning groups. HHSA plans to hire more in the upcoming year.

Barriers or Challenges

Adult Wellness Alternatives has experienced delays in staff hiring. Due to HHSA integration, Adult Wellness Alternatives experienced challenges regarding internal and external awareness of new services and referrals within the newly integrated system of care. To support staff in these areas, a new meeting



structure was implemented in which clients served by the FSP team and Forensic Teams are staffed daily and weekly, respectively. Additionally, HHSA will utilize Health Navigators to support awareness of new and existing services for staff, consumers, and families.

FY 2014-15 Partners

In order to support activities for the new Forensic Team, Adult Wellness Alternatives partnered with the Yolo County Sheriff's Office Social Worker for timely notification about FSP clients' involvement in the legal system.

Fiscal Year 2016-17 Planned Activities and Modifications

In previous years, GSD included various services within the program that offered mostly in-county case management services for consumers with mild to moderate service needs. HHSA is working toward developing GSD services as a separate team and program for the next fiscal year.

- HHSA will continue to hire Peer Support Workers to provide programmatic support at the Wellness Centers, and will continue to work to remodel the Woodland Wellness Center.
- HHSA will increase outreach for individuals experiencing serious mental illness.
- HHSA plans to develop additional alternative wellness activities including:
 - Vocational and education skills development.
 - Volunteer opportunities.
- HHSA will continue to explore ways to increase the empowerment of consumers in setting their own treatment and recovery goals.
- HHSA will continue to explore ways to improve transportation access and reliability.
- HHSA will expand the availability of therapeutic services to meet client needs.
- HHSA will utilize Health Navigators to develop materials and resources for consumers, staff, and families.
- HHSA will continue implementation of the new GSD services and program structure to better serve consumers with mild to moderate service needs, and consumers will be triaged to services depending on level of need (i.e. high need will go to FSP, moderate need to GSD services, low need to primary care).
- HHSA will continue the use of LOCUS to determine level of care for services and utilize the LOCUS assessment to better identify the appropriate staff for incoming clients in FY 16-17.

FY 2016-17 Projected Costs

- \$3.71 Million is budgeted to the various Adult Wellness Alternatives Program Services
- \$2.2 Million is the approximate annual expenditure on FSP clients (regular FSP, ACT and AOT)
- \$19,130 is the average cost per FSP client



Older Adult Outreach and Assessment

FY 2014-15 Status

- Continuing Program
- Older Adult Outreach and Assessment met its objectives in FY 2014-15.

Program Description

The CSS Older Adult Outreach and Assessment Program (OAOAP) serves Yolo County Older Adults ages 60 years and over with serious mental illness, who are at risk of losing their independence or facing institutionalization as a result of mental health problems. These individuals may also have underlying co-occurring substance abuse problems or be experiencing the onset of mental illness. OAOAP provides a blend of Full Service Partnership (FSP), General System Development (GSD), Outreach and Engagement (O/E) services, and necessary assessments for the target population.

The Older Adult Senior Peer Counselor Volunteers PEI Program coordinates with OAOAP to provide opportunities for earlier interventions to avoid crisis situations for older adults and create more opportunities for their support through companionship and counseling. Services continue to be voluntary, client-directed, and strength-based. Volunteers and staff employ wellness and recovery principles, addressing both immediate and long-term needs of program members, and they deliver services in a timely manner that is sensitive to the cultural needs of those served.

Populations Served in FY 2014-15

- 196 individuals served in the age group 60 and older

Key Activities in FY 2014-15

- Hired a Psychiatrist with geriatric experience to provide targeted comprehensive mental health services to older adult populations.
- Conducted integrated assessments to provide comprehensive mental health, social, physical health, substance use/abuse and trauma assessments, which are strength-based, and focus on client/family member engagement.
- Provided intensive support services and case management to Older Adults classified as Full Service Partners, including individual and family therapy, medication management, nursing support, and linkages to other services.
- Educated the client and their families or other caregivers regarding mental health diagnosis and assessment, psychotropic medications and their expected benefits and side effects, services and supports planning, treatment modalities, and other information related to mental health services and the needs of older adults.
- Assisted with transportation to and from key Medi-Cal, psychiatric, and benefits-related appointments.



Yolo County Health and Human Services Agency

MHSA Annual Update for FY 2016-17

- Conducted outreach services for persons who are homeless, at risk of homelessness, while still in their homes through utilizing persistent, non-threatening, Outreach and Engagement efforts by service providers or Senior Peer Counselor volunteers.
- Promoted positive contact with family members.
- Assisted families to deal with mental decline of an elder.
- Coordinated with the Department of Employment and Social Services regarding the involvement of Adult Protective Services (APS).
- Coordinated with the Public Guardian's Office regarding conservatorship of clients incapable of self-care.
- Coordinated with local multidisciplinary alliances to identify and assist older adults in need of mental health treatment.
- Coordinated with assisted living opportunities to provide a smooth transition when needed.
- Coordinated with the Senior Peer Counselor Volunteer Program to match volunteers with seniors to prevent social isolation and to promote community living.
- Provided clinical support to Senior Peer Counselor Volunteers, who report on clients' progress or decline.
- Trained volunteers and staff on addressing suicide among older adults, especially males who are at higher risk.
- Assisted with maintaining healthy independent living, while avoiding social isolation.
- Assisted older adults with serious mental illness to locate and maintain safe and affordable housing.
- Provided older adults with appropriate benefits assistance, including Social Security Disability Insurance, Supplemental Security Income, Medi-Cal, or Medicare, as well as referrals to advocacy services.
- Operated a 24-hour crisis phone line and referred to crisis services and supports.
- Referred and linked clients to other community-based providers for other needed social services and primary care.

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – Older Adult Outreach and Assessment reflects the values of wellness, recovery, and resiliency by providing older adults with goal-oriented, evidence-based treatment that supports individuals toward their own recovery.
- **Consumer/Family-Driven Services** – This program focuses on the goals of the individual in his or her own context, working with family, caregivers, and other medical and social service professionals to provide comprehensive services tailored to the individual's specific needs.
- **Cultural Competency** – Program staff are continually expanding their knowledge of culturally competent, evidenced-based practices to better meet the diverse needs of Yolo County's older adults. Staff have attended cultural competency trainings held by the HHSA, and have also worked to address geographic isolation by bringing services to clients where they are, such as in the home environment.



- **Community Involvement** – The outreach and engagement component of the program places staff in the community to build relationships with older adults in order to connect them with needed services. Also, the program encourages individuals in the program to connect with others in their community through interaction with Senior Peer Counselor volunteers.
- **Integrated Service Delivery** – Program staff function as an interdisciplinary team to provide comprehensive, holistic treatment that addresses the consumer’s mental health, social, emotional, medical, and housing needs, and partners with other providers, including primary care when appropriate.

Key Successes

HHSA hired a Psychiatrist with geriatric experience while successfully increasing the level of interventions with older adult clients admitted to an inpatient psychiatric unit. HHSA noted that clients in the community have experienced success increasing their sense of empowerment and taking charge of their own treatment goals and recovery, including participation in early discharge planning processes. Additionally, HHSA has increased therapeutic services, wellness activities, support groups, and community activities available to clients. In order to support these successes in direct service, HHSA has worked to enhance its relationship with adult day health centers, trained staff on specific O/E techniques for the older adult population, and participated in county-wide system of care meetings for older adults. HHSA has had success in moving forward with Mobile Tele-Psychiatry plans, which in the immediate term will affect this population specifically. The Older Adult Psychiatrist will be the primary provider in the Mobile Tele-Psychiatry program, and HHSA is piloting this program with older adults in rural areas, to provide them with clinical services in their homes and in the field, in hopes of impacting those who may otherwise have difficulty with mobility or transportation to Woodland.

HHSA is implementing the LOCUS assessment to aid in determining the most appropriate level of care for older adult clients.

Barriers or Challenges

Medication reconciliation has remained a challenge, as well as client transportation. To address these issues, HHSA increased case planning meetings, enhanced the crisis assessment process, and created team decision making processes.

FY 2014-15 Partners

Yolo HHSA administered the Older Adult Program, with support from Turning Point CSS Housing, Yolo Adult Day Health, and Citizens Who Care.

Fiscal Year 2016-17 Planned Activities and Modifications

- HHSA plans to pilot Mobile Tele-Psychiatry with the older adult population in rural areas of the community to provide them accessible services.
- HHSA will integrate FSP principles into the role of the Older Adult Care Team.



Yolo County Health and Human Services Agency

MHSA Annual Update for FY 2016-17

- HHSA will participate in the California Institute for Behavioral Health Solutions (CIBHS) statewide Care Coordination Learning Collaborative for ongoing quality improvement for services to older adults.
- HHSA plans on leveraging the integration of staff to provide more coordinated supports for the older adult populations.

FY 2016-17 Projected Costs

- \$953,655 is the budgeted amount for Older Adult Outreach and Assessment Services, including Mobile Tele-Psychiatry.
- \$425,000 is the approximate annual cost of FSP direct services
- \$19,318 is the average cost per FSP client

Level of Care Utilization System (LOCUS) Assessment Tool

FY 14-15 Status

- New service assessment tool established in FY 14-15

Description

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

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

The Moderate Intensity Recovery Services Team implements the LOCUS tool in a phased approach. They have already initiated staff training on the tool and are in the phases of utilizing the tool primarily for clients with mild to moderate service intensity needs as they work towards full implementation across the adult system of care. In addition, anyone age 18 – 25 who seeks services in the Children & Family Branch of HHSA will have a level of care determination completed with the LOCUS. The LOCUS instrument is also used for initial assessment and periodic reassessment in both Adult Wellness Alternatives and the Older Adult Outreach and Assessment programs to determine current levels of care for their clients. All HHSA Adult and Aging mental health programs expect to fully implement this tool within the next fiscal year.



Fiscal Year 2016-2017 Planned Activities and Modifications

The LOCUS model was introduced at the end of FY 14-15, and implementation will continue in phases through FY 16-17. HHSA plans to use LOCUS to make timely, data-informed decisions about client needs and placement. No modifications are currently planned, but Yolo HHSA is dedicated to continuous quality improvement of the LOCUS model.

Access to Care for Homeless and Indigent Program (ACHIP) (Formerly Greater Access Program [GAP])

FY 2014-15 Status

- Continuing program
- ACHIP met its objectives in FY 2014-15.

Program Description

The Access to Care for Homeless and Indigent Program (ACHIP) began in 2012 as a Yolo County MHSA Innovation project, previously called the Greater Access Program (GAP), and has been incorporated into CSS to provide a blend of General System Development (GSD) and Outreach and Engagement (O/E) services to adults ages 18 years and older who are uninsured or underinsured, may be experiencing homelessness, and/or have recently been released from a hospital or jail. ACHIP provides outreach, assessment, and treatment services to support these individuals to find safe and affordable housing, mental health services, medication management, benefits assistance, and referrals and linkages to other county mental health treatment providers when needed.

ACHIP expands the reach of Yolo County mental health services by reaching out to adults who may otherwise not seek or access mental health treatment. ACHIP partners with clients to secure entitlement benefits for which the person may be eligible, including financial and income assistance programs as well Medi-Cal and Medicare. ACHIP helps to ensure a seamless system of mental health treatment and navigation, especially for those individuals who may not otherwise receive treatment through Yolo County's Wellness Alternatives for Adult Consumers program.

This program addresses the need to provide mental health services for individuals at all stages of recovery as well as supports before, during, and after crisis events. ACHIP is available to individuals who may be at various stages of recovery and in need of mental health services but require additional outreach to engage in service.

Populations Served in FY 2014-15

- Number of individuals reached: 81



Key Activities in FY 2014-15

- Conducted O/E with homeless and unstably housed adults who were unable to participate in traditional services.
- Held interdisciplinary team meetings with probation and parole officers to better serve justice-involved clients.
- Provided benefits assistance to clients to secure entitlement benefits for which they are eligible, including Social Security Disability Income or Supplemental Security Income.
- Enrolled clients in Medi-Cal or Medicare.
- Connected clients to crisis stabilization services when needed.
- Provided intensive case management services and social supports.
- Provided psychiatric and medication management services.
- Assisted clients to secure safe and affordable housing.
- Provided navigation and linkages to adults in need of resources in the County or community for mental health services through a Peer Navigator or Outreach Specialist.
- Referred and linked clients to other community-based providers for other needed social services and primary care.

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – ACHIP promotes wellness, recovery, and resilience by helping connect individuals to whatever services they may need in order to reach their recovery goals, particularly housing. They also consider the individual's level of care and make appropriate referrals for treatment, to intensive outpatient, psychiatric, and crisis services as needed.
- **Consumer/Family-Driven Services** – ACHIP focuses on the needs of the consumer above all other motivations, connecting the individual to whatever services he or she needs to reach individualized goals.
- **Cultural Competency** – Yolo HHSA partners, including ACHIP staff, participate in ongoing cultural competency training to continually improve their ability to work with individuals and families with diverse backgrounds.
- **Community Involvement** – ACHIP reaches out to and works within the community instead of requiring consumers to come into a centralized office for services. This allows ACHIP staff to better consider the individual's context in helping them plan and achieve individualized goals.
- **Integrated Service Delivery** – ACHIP provides integrated services by linking individuals to any type of social service that they may need through intensive case management, including benefits, housing, and psychiatric support.

Key Successes

ACHIP has been able to successfully expand and continue to offer its services. As a result, clients have seen an increase in financial stability and experienced improvements to their living situations. All consumers involved in the ACHIP program received psychiatric evaluation and improved their living



situation. ACHIP provided intensive case management and meaningful linkages to needed services in the community. As the ACHIP program further establishes itself as another resource for consumers with co-occurring disorders, HHSa expects to receive an increase in clients experiencing co-occurring disorders.

Barriers or Challenges

Because ACHIP clients require more intensive case management and psychiatric services, the program has limitations on how many clients it can accommodate. Some consumers still have difficulty accessing documents needed for receiving benefits, which can potentially lead to longer program stays because ACHIP program providers prefer that clients have stabilized housing and have some income supports in place before they are transferred to partnering agencies. As consumers and staff receive more linkages from Health Navigators (through the consolidation of the Department of Employment and Social Services within HHSa), better coordination between benefits departments and mental health services should be the result.

FY 2014-15 Partners

Yolo HHSa contracted with Yolo Community Care Continuum (YCCC) to operate ACHIP, and in turn, YCCC has partnered with CommuniCare, 4th and Hope, Davis Community Meals, SMARTY program, and Yolo County Probation.

Fiscal Year 2016-17 Planned Activities and Modifications

- HHSa plans on increasing beds for Supportive Housing Program at Pacifico in Davis.
- HHSa is expanding targeted outreach to West Sacramento.
- HHSa plans on partnering with Davis Community Meals to pilot the New Pathways program.

FY 2016-17 Projected Costs

- \$300,000 is the total budget amount for ACHIP Program
- \$3,530 estimated average cost per ACHIP client

Free to Choose Substance Abuse Services

FY 2014-15 Status

- Continuing Program
- Free to Choose met its objectives in FY 2014-15.

Program Description

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



mental health and substance abuse disorders who receive mental health treatment and substance abuse services based on the principles of harm reduction. Free to Choose offers adults with co-occurring disorders a treatment and service system that acts as a bridge to other and/or more intensive rehabilitation services.

This project addresses the need to enhance services for those with co-occurring disorders as well as provide services to individuals at all stages of recovery. Recognizing that people with co-occurring disorders may not choose abstinence, Free to Choose provides the supports necessary to reduce the harm associated with substance use while continuing to engage in integrated recovery supports and other mental health services.

Populations Served in FY 2014-15

- 73 individuals reached, adults and older adults

Key Activities in FY 2014-15

- Provided intensive case management services and social supports to reach and maintain self-identified sobriety and mental health recovery goals.
- Assisted clients to secure safe and affordable housing.
- Facilitated group and individual therapy and/or counseling.
- Conducted drug overdose prevention and education activities.
- Provided navigation and linkages to adults in need of resources in the County or community for mental health services through a Peer Navigator or Outreach Specialist.
- Referred and linked clients to other community-based providers for other needed social services and primary care.

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – Free to Choose focuses on wellness and recovery by helping mental health consumers with a substance abuse disorder to reach their goals without the often difficult expectation of abstinence. The program offers support and teaches the consumer about relapse triggers and activities that contribute to safety, while offering intensive support to help the consumer reach his or her individualized goals.
- **Consumer/Family-Driven Services** – The program allows the consumer to develop his or her goals without imposition of abstinence from substance use. Additionally, the program utilizes the family, when available, to help support the consumer's progress in the program.
- **Cultural Competency** – Yolo HHS partners, including Free to Choose staff, participate in ongoing cultural competency training to continually improve their ability to work with individuals and families with diverse backgrounds.
- **Community Involvement** – Free to Choose meets consumers “where they are,” physically and metaphorically, and works within the community instead of requiring consumers to come to a



centralized office for services. This allows staff to better consider the individual's context in helping them plan and achieve their goals.

- **Integrated Service Delivery** – Free to Choose provides integrated services by coordinating with the consumer's FSP treatment team, and by linking individuals to intensive case management, including benefits, housing, and psychiatric support services.

Key Successes

Free to Choose saw an increase of consumers advancing in the group curriculum, sustained consumer engagement, and supported consumers' mental health treatment while helping them manage their substance abuse issues.

Barriers or Challenges

Individuals with long-standing substance use can often be difficult to engage and maintain in substance abuse treatment even with the harm reduction model, the purpose of which is to refrain from penalizing individuals for continuing to use substances as they work toward their goals. Engaging this population is often difficult because of shame and stigma surrounding both substance abuse and mental illness. When clients drop out of group activities, Free to Choose staff respond by providing more intensive outreach to those individuals, who may be struggling to attend scheduled meetings. Staff also schedule more one-on-one sessions to help further engage clients.

FY 2014-15 Partners

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

Fiscal Year 2016-17 Planned Activities and Modifications

- HHSA plans to start the full implementation of the Step-Down peer facilitated groups.
- HHSA will expand the group locations available for consumers in the community.

FY 2016-17 Projected Costs

- \$120,119 budgeted cost of the Free to Choose Program
- \$1,602 estimated average cost per client

Prevention and Early Intervention Prevention Programs

Wellness Project: Urban Children's Resiliency

FY 2014-15 Status

- Continuing Program





- Urban Children's Resiliency met its objectives in FY 2014-15.

Program Description

The Urban Children's Resiliency Program provides evidence-based services and offers promising practices in Outreach and Engagement for at-risk children and youth in urban areas of Yolo County. This program targets children and youth who experience emotional difficulties and/or exhibit high-risk behaviors and reside in the three largest school districts of Yolo County. This program addresses needs identified through the CPP process that include expanding the reach of mental health services outside of typical service settings and providing services likely to reduce stigma associated with receiving services. The Urban Children's Resiliency Program includes evidence-based curricula to engage underserved youth in creative activities that build their resiliency and help to prevent further emotional/mental health trauma.

Populations Served in FY 2014-15

- 2, 443 persons reached between the ages of 0-15 years.

Key Activities in FY 2014-15

- Supported children and youth to increase their skills in anger management, self-esteem, relationship building, and cognitive life skills.
- Promoted pro-social activities.
- Supported parents to learn strengths-based parenting skills.
- Offered instruction to parents and teachers in using relationship-building skills to help their child/student to learn responsibility, and how to develop healthy adult-child relationships through empathy and mutual respect.
- Coached older youth alternative coping strategies to adapt to life challenges including goal setting and skills for problem solving.
- Promoted involvement of community agencies, organizations, and businesses to implement programs that engage underserved youth in organized, creative activities.
- Targeted outreach and engagement toward youth who have been involved with the criminal justice and juvenile justice systems.
- Assisted youth to develop positive relationships with community members, as well as building resiliency to protect against drug use, mental health-related hospitalizations, and the need for intensive mental health services.

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – The Urban Children's Resiliency Program promotes wellness, recovery, and resilience by engaging children and youth in creative ways to help them manage their mental health needs and build their resiliency to prevent future mental/emotional trauma.



- **Consumer/Family-Driven Services** – The Urban Children’s Resiliency Program focuses on the needs of the child consumer above all other motivations, teaching children ways to promote their own well-being and resiliency.
- **Cultural Competency** – Yolo HHSA partners participate in ongoing cultural competency training to continually improve their ability to work with children and families with diverse backgrounds.
- **Community Involvement** – The Urban Children’s Resiliency Program outreaches to and works within the community instead of requiring consumers to come to a centralized office for services. It operates in three major school districts in Yolo County where children and youth spend the majority of their day.
- **Integrated Service Delivery** – The Urban Children’s Resiliency Program provides integrated services by linking children, youth, and their families to services that help educate children and youth on ways to manage and address mental/emotional health concerns. Some programs operate in local schools, which also aids teachers and school administrators in developing skills to recognize when children and youth have mental health treatment needs.

Key Successes

The Urban Children’s Resiliency Program has increased the number of persons reached by the program from previous years. The Prevention program approximately doubled its goal of Universal participant numbers; for Selective participants, the goal was exceeded by over a third. The Urban Children’s Resiliency Program services were delivered on multiple school sites and more than 200 hours of service were provided at non-school sites, including community centers, homeless and domestic violence shelters, and Juvenile Hall. The Early Intervention program served approximately two to three times as many participants as expected.

A new curriculum for elementary school children in FY 2014-15, Second Step, was integrated into the Prevention program beside Why Try therapy offering schools an additional program for younger children.

Barriers or Challenges

As the Prevention and Early Intervention (PEI) programs rely upon referrals from school staff that are aware of the Urban Children’s Resiliency Program services, school staff turnover is a challenge to continuing referrals. This barrier is mitigated by contacting all previous community participants annually from late summer through the first two months of the following year.

FY 2014-15 Partners

Yolo HHSA contracted with Victor Community Support Services (VCSS) to administer the Urban Children’s Resiliency program. VCSS in turn has partnered with the Yolo County school system, Juvenile Hall, CommuniCare Health Centers, Empower Yolo (previously Sexual Assault Domestic Violence Center), and 4th and Hope.



Fiscal Year 2016-17 Planned Activities and Modifications

- The Urban Children's Resiliency Program plans to continue to serve approximately twice the originally contracted number of clients in the PEI programs.

FY 2016-17 Projected Costs

- \$633,150 is the budgeted amount for this program
- \$259 is projected estimate of average cost per person served

Wellness Project: Rural Children's Resiliency

FY 2014-15 Status

- Continuing Program
- The Rural Children's Resiliency Program met its objectives in FY 2014-15.

Program Description

The Rural Children's Resiliency Program provides evidence-based services and offers promising practices in Outreach and Engagement of at-risk children and youth in rural areas of Yolo County, including the geographic boundaries of the Esparto Unified School District and Winters Joint Unified School District. This program targets children and youth who experience emotional difficulties and/or exhibit high-risk behaviors, and their families. Services are conducted in settings that are most familiar to children and families, and the provider places bilingual/bicultural staff in areas with a high proportion of non-English speaking populations, such as in Winters, Esparto, and Madison, where 50% - 76% of the population is Latino/Hispanic (U.S. Census Bureau, 2010). By doing so, the program offers underserved Latino/Hispanic and other rural populations increased access to mental wellness activities and service referrals to HHSA. This program addresses needs identified through the CPP process that include expanding the reach of mental health services outside of typical service settings and providing services that are likely to reduce stigma associated with prevention programs. This program also addresses the CPP identified need to target services in rural areas as well as in the Latino community.

Populations Served in FY 2014-15

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

Key Activities in FY 2014-15

- Initiated Success program, a peer youth mentoring program in Winters, where older youth work with mentees on homework and recreational activities.
- Established monthly Wellness Teams in Esparto that consist of school administrators, counselors, teachers, and staff. These teams identify, screen, and provide referrals for youth in most need of services.



Yolo County Health and Human Services Agency

MHSA Annual Update for FY 2016-17

- Utilized Master's-level social worker (MSW) staff to provide one-on-one counseling and customized case management.
- Facilitated groups for children experiencing the divorce of their parents, support groups for high-risk and troubled youth at alternative high school settings, discussion groups for girls in their early teens, and anger management groups for children.
- Organized outdoor social activities.
- Coordinated with *Club Live* in regards to drug education programs.
- Offered resiliency-focused coaching and career counseling for youth who engaged in community activities that segued into paid employment.

MHSA Principles Addressed

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

Key Successes

The Rural Children's Resiliency Program continues to identify and serve youth who are struggling with various mental health/health issues and connect them to the appropriate resources. Moreover, youth living in isolated rural communities in Yolo County have access to resiliency building programs.

In an effort to support an effective services approach to youth, the Rural Children's Resiliency Program partnered with the local school district and created Wellness Teams that include school administrators, counselors, teachers, and staff. The Wellness Team meets monthly to review and refer new students in



need of services. The Success Peer Youth Mentoring program associated with the Rural Children's Resiliency Program works in partnership with the Yolo County Library Winters Branch and currently has 20 mentors and 30 mentees enrolled. Youth have the opportunity to attend Success Celebrations, where mentors showcase the program and services. Staff provides counseling and customized case-management for youth.

Yolo HHSA partner, R.I.S.E. Inc., is working with school-based partners to utilize a MSW staff in Esparto. This staff member implements services within approximately one week of referral and provides one-on-one counseling and case management services to the students in Esparto K-12.

Barriers or Challenges

The population that the Rural Children's Resiliency Program serves is often difficult to engage because of stigma in the community regarding mental illness and rural location barriers that make traveling to the services difficult. Furthermore, a major challenge experienced in this fiscal year was providing one-on-one intensive case management services in Winters and Esparto. To address some of these challenges, the Rural Children's Resiliency Program established Wellness Teams in Esparto to identify, screen, and make referrals for youth in need of services.

FY 2014-15 Partners

Yolo HHSA continued its long-time contractual relationship with R.I.S.E. Inc. to administer the Rural Children's Resiliency Program. R.I.S.E. in turn partners with the Esparto Joint Unified School District, the Winters Joint Unified School District, the Yolo County Library, the Yolo Family Service Agency, First 5 Yolo, SOS Outreach, the Winters Youth Council, and the California State University of Sacramento.

Fiscal Year 2016-17 Planned Activities and Modifications

- HHSA will continue to support providers to deliver mentoring services to youth in rural areas and from bicultural and bilingual backgrounds.
- HHSA will identify additional opportunities to increase mentoring for children living in rural areas.
- HHSA will support providers to utilize the Results Based Accountability Model to provide data to track rural programs and students receiving case management.

FY 2016-17 Projected Costs

- \$270,319 is the budgeted amount for this program
- \$1,365 is projected estimate of average cost per person served

Wellness Project: The Senior Peer Counselor Volunteer Program

FY 2014-15 Status

- Continuing Program
- The Senior Peer Counselor Volunteer Program met its objectives in FY 2014-15.



Program Description

The Senior Peer Counselor Volunteer Program mobilizes a cadre of volunteers from the community to provide free, supportive counseling and visiting services for older adults in Yolo County. The target population of this program is older adults ages 60 years and over who are troubled by depression, isolation, loneliness, loss of spouse, illness, or other concerns of aging. By providing psychosocial supports and identifying possible signs and symptoms of mental illness early on, the Senior Peer Counselor Volunteer Program helps older adults to live independently in the community for as long as reasonably possible. This program addresses the specific needs identified through the CPP process to provide services throughout Yolo County and at all stages of recovery.

Populations Served in FY 2014-15

- 22 older adults (60+) reached.

Key Activities in FY 2014-15

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

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – The Senior Peer Counselor Volunteer Program promotes wellness, recovery, and resilience by working with older adults who may be isolated and require psychosocial support. The volunteer program coordinates with providers in order to work with older adults and provide access to services such as warm- and hot-lines.
- **Consumer/Family-Driven Services** – The Senior Peer Counselor Volunteer Program focuses on the needs of older adults and tailors its approaches to address the specific needs of this population. Older adults may have difficulty adjusting to issues related to the aging process, and the Senior Peer Counselor Volunteer Program provides an opportunity for social connection and confidence building.
- **Cultural Competency** – Yolo HHS partners participate in ongoing cultural competency training to continually improve their ability to work with older adults and address their particular needs. Yolo HHS partners and coordinates with the San Francisco Institute on Aging in order to ensure they are using up to date tools and information and to provide warm- and hot-lines that address the particular needs of older adults.



- **Community Involvement** – The Senior Peer Counselor Volunteer Program works with older adults in their homes and familiar places in order to provide social support and address their concerns. Additionally, programs are developed to work with older adults to decrease the burden of isolation, such as partaking in community outings.
- **Integrated Service Delivery** – The Senior Peer Counselor Volunteer Program provides services to older adults and links them to community partners to help address and manage their psychosocial support needs. Programs operate within the community and across a range of service partners, including organizations whose main areas of work are with older adults.

Key Successes

Yolo HHSA's contracted provider, Citizens Who Care, hired a highly qualified, clinically trained Program Director, conducted monthly in-service trainings/meetings for current volunteers, updated the expectations and initial training materials for new counselors to align with current best practices in the peer counseling field, engaged the community and recruited volunteers through various events and fairs, and made improvements to the program's brochure and website. Additionally, Citizens Who Care integrated the program into their array of services, improved communication with program stakeholders via the bi-annual newsletter, and raised awareness of the Friendship Line, a crisis intervention hotline for Yolo Seniors.

Barriers or Challenges

Previously, HHSA directly administered the Senior Peer Counselors Program until FY 2014-15, when they transitioned the program to Citizens Who Care. This transition required an integration of services in the existing Citizens Who Care program structure and more education and awareness of services to ensure older adults were aware of the service available to them. Additionally, the transition called for an evaluation of Citizens Who Care's existing home visiting program to prevent duplication.

FY 2014-15 Partners

Yolo HHSA contracted with Citizens Who Care to administer the Senior Peer Counselors Program, who in turn partnered with the Woodland and Davis Senior Centers.

Fiscal Year 2016-17 Planned Activities and Modifications

- HHSA will continue to work with community partners to provide services.
- HHSA will continue to support provider in raising the awareness of the program through community outreach.
- Citizens Who Care will expand home visitation volunteer base to include young adults and adults.
- Citizens Who Care plans to recruit, train, support, and supervise program volunteers.

FY 2016-17 Projected Costs

- \$48,400 is the budgeted amount for this program



- \$1,936 is projected estimate of average cost per person served

Early Intervention Programs

Early Signs Project: Early Signs Training and Assistance

FY 2014-15 Status

- Continuing Program.
- Early Signs Training and Assistance met its objectives in FY 2014-15.

Program Description

The Early Signs Training and Assistance Project works to intervene earlier in mental health crises by focusing on stigma reduction and community education. The Early Signs Training and Assistance Project uses trained and certified instructors who also have lived experience as family member caregivers for individuals with serious mental illnesses. These instructors deliver training to providers, individuals, and other caregivers who live and/or work in Yolo County on several evidence-based or best practice programs: Applied Suicide Intervention Strategies Training (ASIST); SafeTALK; Question-Persuade-Refer; Educate, Equip, and Support: Building Hope; Mental Health First Aid; and Youth Mental Health Aid. The purpose of these training programs is to help expand the reach of individuals who have the knowledge and skills to respond to or prevent a mental health crisis in the community, to reduce the stigma associated with mental illness in individuals of all ages, or to help parents and caregivers cope with the challenges of raising children/youth who show signs of emotional disturbance. This project responds to the needs identified through the CPP process to enhance supports available to individuals before, during, and after crisis. It also works to expand the reach of mental health services to non-mental health staff through the provision of suicide prevention and intervention programs as well as Mental Health First Aid.

Populations Served in FY 2014-15

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

Key Activities in FY 2014-15

- **ASIST:** ASIST is a nationally-used, evidence-based suicide prevention training program for mental health professionals and caregivers of individuals who are at risk of committing suicide. Over the course of a two-day training, attendees learn how to recognize and learn how to intervene in the immediate risk of suicide (www.livingworks.net/programs/asist).
- **SafeTALK:** SafeTALK is a three-hour training that teaches anyone over the age of 15 how to identify people with thoughts of suicide and connect them to suicide first aid resources. SafeTALK curriculum emphasizes three main skills:
 - How to move beyond common tendencies to miss, dismiss, or avoid suicide.
 - How to identify people who have thoughts of suicide.



- Apply the TALK steps: Tell, Ask, Listen, and Keep safe.

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

- *Mental Health First Aid and Youth Mental Health First Aid Certifications:* Both Mental Health First Aid and Youth Mental Health First Aid are eight-hour courses designed to teach individuals in the community how to help someone who is developing a mental health problem or experiencing a mental health crisis. Trainees are taught about the signs and symptoms of mental illness, including anxiety, depression, psychosis, and substance use. Youth Mental Health First Aid is especially designed to teach parents, family members, caregivers, teachers, school staff, peers, neighbors, providers, and other individuals how to help adolescents (ages 12 – 18) experiencing mental health or substance use problems, or are in mental health crisis situations. The training covers health challenges for youth, offers information on adolescent development, and includes a 5-step action plan to help young people both in crisis and non-crisis situations. Information for both courses can be found at (www.mentalhealthfirstaid.org).
- *Educate, Equip, and Support: Building Hope* is an award-winning 30-hour course completed in 10 weekly sessions, designed to educate parents and caregivers raising children and youth identified as having serious emotional disturbances. Parents and caregivers learn about several types of emotional problems and how these issues manifest differently in children and youth. Parents also learn techniques to manage the stress, grief, and depression associated with parenting children with special needs. Over the course of 10 weeks, parents/caregivers learn about mental illnesses, develop new coping skills and parenting techniques, and form bonds with parents in similar circumstances; as a byproduct of their success in learning more about mental illness, stigma is reduced.

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – The Early Signs Training and Assistance Project works with community and family members to train them in recognizing the signs of persons in need of mental health support. The programs are designed to help individuals recognize who are at risk of suicide and those who are at risk of developing a mental illness. The program empowers community, family members, and caregivers to be able to meet the needs of their loved ones and promote wellness, recovery, and resiliency.
- **Consumer/Family-Driven Services** – The Early Signs Training and Assistance Project works directly with the community, family members, and caregivers of those suffering from a mental health crisis or issue. The program is motivated to train and work with families and caregivers in order to develop plans and strategies that are tailored to their family member's need. Additionally, trainings are also address the specific needs of certain populations, including youth.
- **Cultural Competency** – Yolo HHSA partners participate in ongoing cultural competency training to continually improve their ability to work with those in both mental health crisis and non-crisis situations. Trainings are offered in multiple languages in order to ensure that persons who are interested in receiving the trainings are able to do so.



Yolo County Health and Human Services Agency

MHSA Annual Update for FY 2016-17

- **Community Involvement** – The Early Signs Training and Assistance Project works with a variety of partners, including teachers, school staff, peers, caregivers and other interested individuals. By offering trainings to a diverse group of community members, family members, and partners, Yolo HHSA is able to ensure that persons are trained across a variety of populations in order to meet the needs of those in crisis and non-crisis situations.
- **Integrated Service Delivery** – The Early Signs Training and Assistance Project provides integrated services by working with a variety of stakeholders in helping them identify and support those suffering from crisis and non-crisis situations. These trainings are intended to reach different service partners including teachers, school staff, family members, consumers, peers, and others. The wide reach of such programs allows those trained to have the skills needed to help alleviate mental health concerns and link those in crisis and non-crisis situations to appropriate services.

Key Successes

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

Barriers or Challenges

Although Yolo HHSA has increased the number of persons in the community who have received trainings, they want to increase these trainings and have experienced challenges retaining certified trainers.

FY 2014-15 Partners

Services were provided by Yolo HHSA by internally trained staff.

Fiscal Year 2016-17 Planned Activities, Augmentations, and Modifications

- Yolo HHSA will explore hiring new instructors to facilitate trainings in all areas.
- **Program Augmentations in FY 16-17:** In moving toward full integration, Yolo MHSA will add a Parent Partner Program (through a service contract with Stanford Youth Solutions) to the PEI Early Signs Training and Assistance and use Parent Partner Mentors to assist family members and caregivers to more quickly identify crisis situations, signs and symptoms of mental health treatment needs, and ways to access appropriate services in their community.
 - The Parent Partner Program also aims to improve reunification outcomes for youth and families in Yolo County. These family-centered services empower parents to successfully advocate for, and better meet, the needs of their children. Using their lived experience, Parent Partner Program mentors guide and advocate for parents with the goal of increasing parent engagement and empowerment to access and navigate the child welfare and mental health systems.
 - Parent Partner Program mentors have lived experience in the system of care as a consumer and/or as a parent/caregiver, and have the skills and training to perform the functions of their role. Services include:



- Promoting parent engagement and providing information on parents' rights and responsibilities.
- Modeling for and providing support to families in meeting their safety, wellbeing, and permanency goals.
- Providing one-on-one support at hearings, Team Decision Making meetings, and Child and Family Team meetings.
- Engaging parents more fully in the child welfare case planning and services process.
- Serving as parent leaders who train Yolo County HHSA staff on engagement strategies and collaborate with staff in designing and improving services
- Parent Partner Program mentors will be trained by MHSA PEI Early Signs certified trainers to identify signs and symptoms of emotional disturbance in children and youth, to recognize signs and symptoms of mental illness in adults, and to identify signs and symptoms of suicidal behavior in people of any age.

FY 2016-17 Projected Costs

- \$360,288 is the budgeted amount for this program
- \$819 is projected estimate of average cost per person served

Early Signs Project: Crisis Intervention Team (CIT) Training

FY 2014-15 Status

- Continuing Program.
- Early Signs Crisis Intervention Team Training has met its objectives in FY 2014-15.

Program Description

The Crisis Intervention Team (CIT) 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 is approved by the local Peace Officers Standards and Training agency and provides materials plus 32 hours of training at no cost to the participating agency or individual. The course trains on the signs and symptoms of mental illness and coaches on how to respond appropriately and compassionately to individuals or families in crisis. This project responds to needs identified through the CPP process that include enhanced services to individuals in crisis and increased opportunities for diversion from the criminal justice system.

Populations Served in FY 2014-15

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



Key Activities in FY 2014-15

CIT Training has increased its reach since inception and is intended to reach all law enforcement agencies in Yolo County, including:

- Local police departments in Davis, Winters, Woodland, West Sacramento, and UC Davis;
- Yolo County Sheriff's Office;
- California Highway Patrol, Yolo County; and,
- Cache Creek Casino (Tribal) Security.

MHSA Principles Addressed

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

Key Successes

- Among those who received Crisis Intervention Training were officers and clinicians working to develop and implement a mobile community crisis intervention program (CIP). CIP is a program primarily funded by a grant (through California Senate Bill SB 82) that partners mental health clinicians with law enforcement agencies to ensure that persons experiencing a mental health crisis are receiving the type of support and mental health care they need while maintaining the safety of the individual in crisis and the community. CIP has been extremely successful and well-received in Yolo County, and in the course of the Community Planning Process, stakeholders



agreed to augment SB 82 funding in FY 16-17 with additional MHSA PEI funding to ensure the CIP program's ongoing success.

- Recently, HHSA adjusted the training schedule from a consecutive four-day training module to a two-day-per-week training module covered over the course of two weeks. The training schedule was changed to better accommodate officers' schedules and ensure they are not off their beat for an extensive period of time.

Barriers or Challenges

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

FY 2014-15 Partners

Yolo HHSA continued to partner with Disability Response/Summers to provide trainings.

Fiscal Year 2015-16 Planned Activities and Modifications

- Yolo HHSA will explore opportunities and avenues to improve accessibility of trainings to all law enforcement and first responders countywide.

FY 2016-17 Projected Costs

- \$50,000 is the budgeted amount for this program
- \$526 is projected estimate of average cost per person served

Early Signs Project: Crisis Intervention Program (SB 82) Augmentation

FY 2014-15 Status

- Newly MHSA-funded program/continued program service established in FY 14-15

Program Description

In 2015, with grant funding from SB 82, Yolo County partnered with local law enforcement and community-based behavioral health service providers to pilot Crisis Intervention Program (CIP) services in four cities.

CIP is designed to have trained clinical staff available when law enforcement responds to a mental health crisis with the goal of providing the most appropriate mental health crisis care while minimizing the costly placement of individuals in hospitals and jails. When a law enforcement agency is called to respond to a mental health crisis, CIP staff are sent into the field along with police officers to offer brief assessment and intervention. At the onset of the crisis response, police officers determine whether the situation is stable, and if deemed so, the CIP clinician takes over. CIP staff work with consumers to de-escalate the



crisis and provide necessary support and linkage to services. As part of the program, peer support staff follow up to facilitate engagement.

With overwhelming community support, the program pilot continues, albeit short of funding. MHSA Stakeholders agreed that supporting CIP was a great benefit to the community. Thus, they agreed to augment the SB 82 grant funding with a contribution of \$293,891 to cover the unanticipated staffing costs.

Innovation (INN)

Community Outreach and Rural Engagement (CORE/CREO) Creando Recursos y Enlaces Para Oportunidades (CREO)

FY 2014-15 Status

- Continuing Program.

Program Description

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

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

Populations Served in FY 2014-15

- 259 individuals reached, adults and older adults.

Key Activities in FY 2014-15

- Provided cultural competence and evidence-based practices training for CORE/CREO staff.
- Established bi-weekly counseling services provided at the HHS location in Winters.
- Used evidence-based practices and implemented quality-assurance practices.
- Provided culturally competent services in English, Spanish, and (if needed) Russian.
- Increased access to primary care mental health and substance abuse treatment services for Latino/Hispanic residents of Yolo County, including weekly outreach activities and whole-person health screenings.
- Connected Latino/Hispanic residents to entitlement supports as needed.
- Provided screening, assessment, short-term solution-focused therapy, and access to psychiatric support for medication assistance to address mental health concerns.



- Reduced stigma and behavioral health underutilization in Latino/Hispanic communities with the creation of an advisory panel.
- Performed ongoing program development, outreach activities, ancillary services, and sustainability guided by advisory panel recommendations.

MHSA Principles Addressed

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

Key Successes

CORE/CREO has enhanced the community's capacity to serve the most vulnerable of Yolo County consumers. CORE/CREO was successfully implemented during this last year and has ramped up service delivery to consumers in remote locations.

HHSA executed services fully with effective outreach efforts and implemented procedural changes and improvements for clear and efficient data collection. The hiring of a Promotora (a lay Hispanic/Latino community member who receives specialized training to provide basic health education in the community) improved information dissemination to the community. Outreach contacts and participation with a focus on health, mental health, and substance abuse have increased steadily, and over 250 screenings with the QLI assessment tool (with pre-and post-test scores) showing clinically significant improvement in every measured area were completed.

In addition, the CORE/CREO program established bi-weekly counseling services provided at HHSA in Winters.

Barriers or Challenges

The population that CORE/CREO serves is often difficult to engage because of stigma in the community regarding mental illness, the transient nature of seasonal harvest workers, long working hours for the



client population, and geographical barriers (e.g. rural/isolated settings) that make traveling to and from other mental health services difficult.

FY 2014-15 Partners

HHSA partnered with CommuniCare Health Centers (CCHC) to deliver the innovative CORE/CREO program, and in turn CommuniCare Health Centers partnered with several other divisions, programs, and partners to support their vision. Partners include: R.I.S.E., Center for Families, McGeorge School of Law (immigration assistance), Empower Yolo, CommuniCare Health Centers Prenatal Department, CommuniCare Health Centers Spanish Substance Use Disorders Program, Northern California Rural Legal Assistance Program, Winters Health Care, National Hispanic and Latino Addiction Technology Transfer Center Network, Yolo County Office of Education- English Learner Services Department and various elementary schools, Knights Landing Resource Center, Davis/Madison/Dixon Migrant Centers, Spring Lake Affordable Housing Complex, Yolo County Housing, Woodland Health Care, Migrant Center, Yolo County Children's Alliance, and Yolo County Care Continuum.

Fiscal Year 2016-17 Planned Activities and Modifications

- HHSA will continue the program as planned for the third and final year of this INN project.
- Provider CCHC will target outreach to engage more male participants in services by providing more evening services, hiring an additional male Promotor, and offering more services for the entire family system.
- CCHC will engage with other similar programs to explore additional means of serving clients.
- CCHC will attend and/or conduct trainings, conferences, and seminars with staff and Promotores regarding trauma-informed care, upcoming legislative changes, and related topics.
- CCHC will increase the gathering and utilization of data.

FY 2016-17 Projected Costs

- \$300,000 is the budgeted amount for this program
- \$1,158 is projected estimate of average cost per person served

Housing Now

FY 2014-15 Status

- New program implemented in FY 2014-15.

Program Description

HHSA partnered with contractor-provider Yolo Community Care Continuum (YCCC) to offer this innovative MHSA program, Housing Now. The purpose of Housing Now is to provide timely and comprehensive housing resource coordination and assistance to individuals in Yolo County with mental illness, in order to increase the number of individuals who retain stable housing, reduce homelessness, limit interaction with crisis and law enforcement services, and improve clients' general health. The target population is



Yolo County's homeless residents with mental illness. Clients may be referred to YCCC by the county, community organizations or partners, or self-referral.

Populations Served in FY 2014-15

- 85 individuals reached, adults and older adults.

Key Activities in FY 2014-15

- Provided housing resource coordination and assistance services to individuals in Yolo County who have mental illness.
- Used evidence-based practices in client care.
- Trained new and ongoing staff in evidence-based practices and cultural competency.
- Maintained a collaborative relationship with the Yolo County Housing Authority.
- Met with low income housing providers in Yolo County monthly.
- Contacted local apartment managers for lists of vacancies at least monthly.
- Created spreadsheets and information sheets about the types of housing available and updated monthly.
- Created and maintained a contact log for all community housing providers and updated the log monthly.
- Made spreadsheets, information sheets, and contact log available for review by the County upon request.
- Met with each client to develop a housing plan and provided referrals to available, appropriate vacancies. The housing plan included the client's desired housing situation, strengths, activities needed to accomplish his or her goal, and duration of stay. The plan is updated at least monthly to include progress notes on client progress in achieving housing goal and to adapt the plan and activities as needed.
- Provided necessary assessment and referral for individuals who may be eligible for subsidies or permanent supported housing.
- Provided assistance with move-in/move-out needs and application fees.
- Increased retention of housing for persons with mental illness.
- Provided housing advocacy assistance for clients who requested it.
- Provided linkages to community resources and support.
- Services were culturally competent, provided in English, Spanish, and (if needed) Russian.
- Held regular office hours for appointments and drop in services for clients and family members.

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – All Housing Now activities incorporated the principles of wellness, recovery, and resiliency to remove barriers, such as lack of housing, that keep individuals from moving forward with their recovery.



Yolo County Health and Human Services Agency

MHSA Annual Update for FY 2016-17

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

Key Successes

In its first year of service, Housing Now assisted with the cost of credit checks/application fees and the moving process to support 32 consumers to find homes with a housing sustainability success rate of 100%. Additionally, Housing Now created and published a comprehensive online database of housing in Woodland, Davis, Winters, Knights Landing, Esparto, and West Sacramento. The program also links consumers to all other county programs they may qualify for, including legal aid, shelter services, domestic violence services, substance abuse programs, food assistance, and rent/utility assistance.

Barriers or Challenges

Yolo County has experienced a significant level of rapid rent increases as well as a shortage of units available. To address these difficulties, Housing Now assists consumers to get on as many local waiting lists as possible while simultaneously supporting them to address any issues that may pose a barrier to successfully completing the housing application process.

FY 2014-15 Partners

Yolo HHSA contracted with Yolo Community Care Continuum (YCCC) to deliver Housing Now services. Through this partnership, YCCC is partnering with Legal Services of Northern California, Davis Community Meals, 4th and Hope Shelter, Walter's House (substance abuse), Empower Yolo, Center for Families, STEAC, Shores of Hope, West Sacramento Police Department, CommuniCare, the SMARTY Program, the Greater Access Program, Safe Harbor, Veteran's Affairs, Elica Health Services, Bargains 2 Benefits Thrift Store, and Yolo County Food Bank.

Fiscal Year 2016-17 Planned Activities and Modifications

- HHSA will continue the program as planned for the third and final year of this INN project.



- YCCC will introduce a Pet Food Program to collaborate with retailers in Yolo County to receive and distribute pet food to recently housed consumers with dogs/cats.
- YCCC will implement an Eviction Prevention protocol for currently housed clients in danger of losing their housing.
- YCCC will implement 6-monthly client satisfaction surveys to measure and improve program performance.
- YCCC will add a Housing Navigator position to meet the specific needs of consumers with specific mental health needs.

FY 2016-17 Projected Costs

- \$100,000 is the budgeted amount for this program
- \$101 is projected estimate of average cost per person served cost

Workforce, Education, and Training (WET)

Intern Therapy for Older Adults

FY 2014-15 Status

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

Program Description

To complement a continuum of services available to the aging and older adult population, Yolo HHSA will continue its Intern Therapy for Older Adults Program that connects pre-degree Master's-level trainees and pre-Doctoral-level psychology student interns with older adult clients in the community. The older adult population requires a specialized assessment to understand the combination of mental health, physical, and cognitive symptoms as well as specialized treatment options. Intern therapists will provide psychotherapeutic services that draw upon a transtheoretical framework that spans social gerontology, developmental, and health psychology.

Yolo County, like many other California counties, is experiencing a lack of mental health professionals with the education, training, and experience to competently treat the older adult population. As a result, this program aims to both provide specialized services while training new therapists in the older adult arena. Yolo HHSA will ensure that Practicum and Intern Therapists receive the required level of clinical supervision and training. In order to implement this program, Yolo HHSA may need to hire one additional clinical staff trained in gerontological mental health to supervise Intern Therapists.

Key Activities in FY 2014-15

- Screening and assessments were developed for mental health issues in older adults.



Yolo County Health and Human Services Agency

MHSA Annual Update for FY 2016-17

- Psychotherapeutic treatment for and the prevention of further mental illness that may include: cognitive behavioral therapy, psychodynamic, cognitive, and behavioral treatments for depression, and cognitive training for problems related to aging and memory were included.
- Home and community-based services to provide mental health treatment services were developed and expanded.
- Referrals and linkages were provided to other community-based providers for needed social services and primary care.
- Collaboration with Senior Peer Counselors Program volunteers and providers in the Older Adult Outreach and Assessment Program was improved.

MHSA Principles Addressed

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

Key Successes

HHS has strategized on best methods to recruit interns for the program, and now is partnering with California State University, Sacramento. The Intern Therapy for Older Adults Program provides interns



with on-the-ground experience and clinical supervision to support their learning. In addition, HHSA is also planning on aligning the Intern Therapy for Older Adults Program to the Senior Peer Counselors Program.

Barriers or Challenges

As with any staff capacity improvement initiative, HHSA experiences difficulties in recruiting doctoral interns who are willing to relocate to Yolo County. However, HHSA hopes to strengthen recruitment efforts in the upcoming year.

FY 2014-15 Partners

HHSA developed a partnership with California State University, Sacramento.

Fiscal Year 2015-16 Planned Activities and Modifications

- Yolo HHSA plans to increase outreach efforts to California State University, Sacramento, to recruit interns.

FY 2016-17 Projected Costs

- \$35,000 budget amount

Psychiatric Residency Program Development

FY 2014-15 Status

- Psychiatric Residency Program Development is working toward their objectives.

Program Description

Like many California counties, Yolo County is experiencing a workforce shortage in psychiatrists. In order to address the workforce shortage, Yolo HHSA is committed to exploring a partnership with local medical schools, including UC Davis and UCSF, for a Psychiatric Residency Program. A Psychiatric Residency Program would increase the number of trained psychiatry interns in community mental health at Yolo County HHSA. Psychiatry Residents would be supervised by the Yolo County HHSA, Alcohol, Drug, and Mental Health Branch Medical Director and receive training and resources in psychiatric assessment and treatment, cultural competency, and issues in community mental health.

A Psychiatric Residency Program offers the promise of encouraging psychiatric residents to enter the public mental health workforce and receive training in MHSA values and supervision in the public mental health system. Psychiatry Residents would be involved with the psychiatric diagnosis, prescription of psychotropic medications, medical care issues, and psychotherapies for HHSA clients.



Key Activities in FY 2014-15

Yolo HHSA has hired a new Medical Director who will be key in planning for a psychiatric residency program. This is a priority for development during this plan update year.

MHSA Principles Addressed

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

Key Successes

Yolo HHSA has hired a new Medical Director who will determine the direction, strategies, and best methods to develop the partnership with UC Davis Medical School and recruit psychiatric residents for the program.

Barriers or Challenges

HHSA was without a Medical Director during part of the previous year and therefore had difficulties in allocating personnel to develop the program. HHSA is anticipating that the new Medical Director will offer innovative strategies to address these barriers.

FY 2014-15 Partners

Yolo HHSA did not have any partners in 2014-2015.



Fiscal Year 2016-17 Planned Activities and Modifications

HHSA will continue to work on program and partnership development for this program with the leadership of the new Medical Director.

FY 2016-17 Projected Costs

- \$50,000 was budgeted for intern stipends in FY 2016-17

Student Loan Repayment & Tuition Reimbursement Program

FY 2014-15 Status

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

Program Description

The Student Loan Repayment and Tuition Reimbursement Program is intended to support retention of HHSA staff. This program does this by repaying student loans or reimbursing for tuition, so long as the student loan or tuition expense was for the purpose of a degree that would make them eligible for work in the County Mental Health Service System. The Student Loan repayment is a current program, and the Tuition Reimbursement was a modification to this WET program included in the Three-Year Program and Expenditure Plan for 2014-2017. This project provides necessary resources to encourage career development in the current workforce.

There are two tracks for HHSA staff:

1. **Student Loan Repayment**, a continuing component of this WET program, is specifically for Yolo County HHSA staff who took out a student loan for the purpose of obtaining a degree that would make the individual license-eligible for work per Title 9, Chapter 11. For those obtaining Alcohol and Drug certification for the purpose of becoming a provider capable of serving clients with co-occurring disorders, student loan repayment may also be available.
2. **Tuition Reimbursement** was a new component to this WET program incorporated into the Three-Year Program and Expenditure Plan for 2014-2017. Tuition reimbursement expands the types of HHSA staff who are eligible to receive financial assistance to continue or complete a degree. Specifically, Tuition Reimbursement provides career pathways for HHSA staff to grow into positions that require college degrees. Family members and consumers who are HHSA staff are also eligible for Tuition Reimbursement. Tuition Reimbursement invests in staff capacity to help them to improve their knowledge or skills and provides consumer/family member staff with support to obtain a higher education.



Key Activities in FY 2014-15

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

MHSA Principles Addressed

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

Key Successes

Due to HHSA's intensive advertisement efforts for the program during orientation and staff meetings, HHSA experienced an increase in interest and applications from staff.

Barriers or Challenges

Yolo HHSA did have challenges with fiscal administration of the Student Loan and Repayment Tuition Reimbursement program and is working with county and state to resolve these issues. Even with increased program advertisement, HHSA still realizes that some staff were unaware of the availability of the program and continues working to improve awareness.

FY 2014-15 Partners

No partners were identified in 2014-2015.

Fiscal Year 2016-17 Planned Activities and Modifications

HHSA will work with the County and State to resolve fiscal administration issues.



FY 2016-17 Projected Costs

- \$22,000 budget amount

Mental Health Professional Development

FY 2014-15 Status

- Mental Health Professional Development met its objectives.

Program Description

Mental Health Professional Development provides Yolo HHSA staff, providers, and others in the community with training and professional development on evidence-based practices, co-occurring disorders, e-Learning, and cultural competence.

- **Staff Trainings:** Yolo HHSA will provide trainings to clinical and front-office staff. Following the CPP process, stakeholders prioritized the need for enhanced clinical training in evidence-based approaches, including Dialectical Behavior Therapy and Trauma-Informed Approaches. In addition, customer service and de-escalation training was prioritized for HHSA front office staff.
- **E-Learning:** E-Learning allows Yolo County to provide distance-learning opportunities and training in numerous topics to direct service providers, consumers, and family members. E-Learning will allow the development, delivery, and management of training(s) to our workforce. Continuing education units, which are necessary for many direct service providers to obtain annually, will also be accessible through many of the training topics provided through an E-Learning vendor.
- **Cultural Competence/Mental Health Resources:** Yolo County HHSA will seek out training guides and educational resources to provide ongoing competence-based and culturally competent training sessions for all direct service providers. Included in ensuring that staff, providers, consumers, family members, and the community have the most recent and comprehensive guides and resources available, Yolo HHSA will dedicate resources to updating Yolo211, HHSA's website, county crisis cards, and other brochures.

Key Activities in FY 2014-15

- HHSA developed a training calendar and provided staff with consistent monthly trainings.
- Yolo HHSA reorganized and re-established a Cultural Competency Committee, which in turn is developing a new Cultural Competency Plan and corresponding Cultural Competency Training Calendar to train staff and community partners.
- Yolo HHSA provided evidence-based and clinical trainings to staff and utilized new training methodologies in the form of E-Learning.



MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – Mental Health Professional Development aims to improve the professional development of HHSA, using evidence-based practices to assist mental health consumers in the best way possible to maintain their wellness, recovery, and resiliency.
- **Consumer/Family-Driven Services** – Mental Health Professional Development allows HHSA to use the most up-to-date evidence-based practices and programs to ensure that services are provided in a consumer/family-driven fashion.
- **Cultural Competency** – Mental Health Professional Development seeks out trainings and educational resources that are culturally competent for all direct service providers. By doing so, HHSA ensures that staff, providers, consumers, family members, and the community have the most recent and comprehensive guides and resources available to them.
- **Community Involvement** – Mental Health Professional Development is designed to disseminate information community-wide throughout Yolo County to ensure that the most accurate and up-to-date trainings and resources are available to the community.
- **Integrated Service Delivery** – Mental Health Professional Development allows Yolo HHSA to provide trainings to clinical and front-office staff in order to ensure awareness of the most evidence-based practices. In addition, customer service and de-escalation training was prioritized for HHSA front office staff to better support service delivery.

Key Successes

HHSA continued to provide trainings for staff and developed a training calendar to show staff the training offerings. HHSA spent training resources focusing on enhancing staff's understanding of cultural competency.

Barriers or Challenges

Yolo HHSA experienced challenges filling the WET Coordinator position, which was vacant most of the year. Despite not having a WET Coordinator, HHSA did a tremendous job providing ongoing training for staff. Another serious obstacle was the continued delays in issuing the latest Cultural Competency Plan criteria.

FY 2014-15 Partners

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

Fiscal Year 2015-16 Planned Activities and Modifications

- Yolo HHSA plans to hire a new WET Coordinator to enhance the mental health training program, bring in more learnings, and build better continuity.
- Specific training topic suggestions like Eating Disorders and Trauma-Informed Care will be included in the training calendar.



- HHSA will explore additional training options for those who interact with mental health consumers.

FY 2016-17 Projected Costs

- \$90,000 is the budgeted amount for this program.

Capital Facilities and Technology Needs (CFTN)

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

Capital Facilities

FY 2014-15 Status

HHSA has met its CFTN objectives in FY 2014-15.

Program Description

Yolo HHSA has amended its Three-Year Program and Expenditure Capital Facilities plan to include several projects that will expand the reach of mental health services in the county. Currently, HHSA plans to make upgrades to its current Wellness Center, including a conventional kitchen and food preparation area (refrigerator, sink, dishwasher, stove, and oven) that will enhance life-skills training for consumers. HHSA will also consider Capital Facilities investments into Community Support Systems and Prevention and Early Intervention programs to ensure that consumers, family members, and staff have the facilities they need to provide adequate mental health services.

Key Activities in FY 2014-15

- HHSA installed a kitchen at the Woodland Wellness Center to enrich life-skills curriculum, and procured an architect and plans to continue to remodel the Wellness Center.
- HHSA re-opened the West Sacramento Wellness Center for consumers living in that region of the County.

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – CFTN aims to ensure that mental health consumers have access to the infrastructure that meets their needs and promotes wellness, recovery, and resiliency.



Yolo County Health and Human Services Agency

MHSA Annual Update for FY 2016-17

- **Consumer/Family-Driven Services** – CFTN allows HHSA to develop infrastructure that supports consumer/family-driven services and addresses the needs of mental health consumers in Yolo County.
- **Cultural Competency** – CFTN seeks out the necessary infrastructure to allow HHSA staff to respond in culturally appropriate ways and provides needed services to a diverse mental health consumer population.
- **Community Involvement** – CFTN works on creating and developing infrastructure and spaces that are open and welcoming to the mental health consumer community in Yolo County. By creating spaces that are welcoming and receptive to the community's needs, HHSA can improve the involvement and engagement of the community.
- **Integrated Service Delivery** – CFTN allows for HHSA to streamline and integrate their service-delivery structure.

Key Successes

HHSA opened an expanded Wellness Center in West Sacramento, located at the Triangle Court facility. The Woodland Wellness Center is in the process of being remodeled, with plans to expand the program area and add kitchen facilities.

Barriers or Challenges

Yolo HHSA has encountered challenges in securing sites for new Wellness Centers in Davis for TAY due to CFTN compliance requirements, but continues to explore opportunities and plans to initiate this community request in FY 16-17.

FY 2014-15 Partners

No partners were identified in 2014-2015.

Fiscal Year 2016-17 Planned Activities and Modifications

- HHSA plans to remodel the Woodland Wellness Center to be more welcoming for mental health consumers. Remodel is to take place from July to mid-September, 2016.
- HHSA is exploring possibilities of purchasing and remodeling of public property in Davis, to be used for a TAY Wellness Center.

FY 2016-17 Projected Costs

- A total of \$2 million in specifically directed funds is budgeted for the Woodland Wellness Center remodel, and for the acquisition and remodel of a Davis TAY Wellness Center site.



Technological Needs

FY 2014-15 Status

HHSA has met its CFTN objectives in FY 2014-15.

Program Description

Key Activities in FY 2014-15

- Tele-psychiatry program was established and proceeded with implementation.

MHSA Principles Addressed

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

Key Successes

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

Yolo HHSA acquired a Tele-psychiatry Mobile unit (van), hired a tele-psychiatry staff coordinator, and secured all of the computer equipment. HHSA also hired a Geriatric Psychiatrist who will be administering psychiatry services for consumers living in rural areas.



Barriers or Challenges

In testing, Yolo HHS experienced technical difficulties with tele-psychiatry equipment in rural areas where network signal strength is weak. Additional technical equipment was secured to overcome this barrier.

FY 2014-15 Partners

No partners were identified in 2014-2015.

Fiscal Year 2016-17 Planned Activities and Modifications

- HHS Information Technology will pilot the tele-psychiatry equipment to ensure signal strength in rural areas; final roll out of pilot after testing is expected for May of 2016.
- HHS Information Technology unit will continue document imaging project.
- HHS Information Technology unit will implement Meaningful Use modules: CareConnect, MyHealthPointe.
- Technological Needs Project YVIP Phase III will continue with the system enhancements initiated in FY 15-16: virtual environment technology (Virtual Moves) to enhance system security and configurability; Maintenance Service Organization program to streamline contract authorization process; Avatar ASI--Addiction Severity Index--program enhancement for use with AOD clients; Netsmart Sword & Shield, offering high-tech security enhancements and HIPAA protections for Avatar Medical Records System.

FY 2016-17 Projected Costs

- \$76,128 is budgeted to continue and maintain ongoing Technological Improvement projects.



Housing

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

In 2013, working in conjunction with Yolo County Housing, and including community stakeholders and staff in the evaluation process, Yolo MHSA completed a Request for Proposal process and selected Mercy Housing to partner with Yolo County Housing in developing the property. Development plans have undergone several iterations, and current plans include 80 units for low-income singles and families, with 20 units scattered throughout the complex to be reserved for MHSA FSP clients. The complex will include a 3,500 square foot community center, open courtyards, and ample parking. Demolition of the old Yolo General Hospital is scheduled for mid to late 2016; construction is set to begin as early as December 2016, and opening of the housing development is slated for December 2017.



III. MHSA Program Expenditure Updates

The documents enclosed in the following section are submitted in compliance with the Mental Health Services Oversight and Accountability Commission's (MHSOAC) *FY 16-17 MHSA Annual Update Program and Expenditure Plan Submittals* (www.mhsoac.ca.gov) instructions for documenting the expenditure of the proposed MHSA programs.

FY 2016/17 Mental Health Services Act Annual Update Funding Summary

County: Yolo

Date: 5/19/16

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2016/17 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	1,931,337	142,006	0	268,429	1,491,669	
2. Estimated New FY 2016/17 Funding	6,137,770	1,640,252	423,241			
3. Transfer in FY 2016/17 ^{a/}						
4. Access Local Prudent Reserve in FY 2016/17						
5. Estimated Available Funding for FY 2016/17	8,069,107	1,782,258	423,241	268,429	1,491,669	
B. Estimated FY 2016/17 MHSA Expenditures	8,069,107	1,782,258	423,241	268,429	1,491,669	
G. Estimated FY 2016/17 Unspent Fund Balance	0	0	0	0	0	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2016	514,069
2. Contributions to the Local Prudent Reserve in FY 2016/17	0
3. Distributions from the Local Prudent Reserve in FY 2016/17	0
4. Estimated Local Prudent Reserve Balance on June 30, 2017	514,069

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



Yolo County Health and Human Services Agency
 MHSA Annual Update for FY 2016-17

FY 2016/17 Mental Health Services Act Annual Update
Community Services and Supports (CSS) Funding

County: Yolo

Date: 5/19/16

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Children's Mental Health	1,469,374	488,848	232,526			748,000
2. Pathways to Independence for TAY	640,702	421,203	219,499			
3. Adult Wellness Alternatives/Intensive	3,970,173	3,021,906	948,267			
4. Older Adult Outreach and Assessment	849,811	537,578	312,233			
5. Mobile Mental Health Services	155,347	100,418	54,929			
6. Harm Reduction Model Co-Occur D/O	120,119	84,231	8,388			27,500
Non-FSP Programs						
1. Children's Mental Health/GSD	708,931	592,965	115,966			
2. Pathways to Independence for TAY/GSD	630,354	462,708	167,646			
3. Adult Wellness Alternatives/Moderate/GSD	1,084,173	689,503	394,670			
4. Older Adult Outreach and Assessment/GSD	430,892	315,659	115,233			
5. Access for Homeless and Indigent MI/GSD	326,467	272,492	53,975			
6. Community Planning Process	82,618	82,618				
CSS Administration						
1. Administration	1,317,702	998,978	318,724			
CSS MHSA Housing Program Assigned Funds	0	0				
Total CSS Program Estimated Expenditures	11,786,663	8,069,107	2,942,056	0	0	775,500
FSP Programs as Percent of Total (exclude CPP & Outreach)	67.11%	63.57%				



**FY 2016/17 Mental Health Services Act Annual Update
 Prevention and Early Intervention (PEI) Funding**

County: Yolo

Date: 5/19/16

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Wellness: Urban Children's Resiliency	633,150	633,150				
2. Wellness: Rural Children's Resiliency	270,319	270,319				
3. Wellness: Senior Peer Counselors	48,400	48,400				
PEI Programs - Early Intervention						
1. Early Signs: Training and Assistance	360,288	360,288				
2. Early Signs: Crisis Intervention Training	50,000	50,000				
3. Early Signs: Crisis Intervention Program	944,989	293,891	146,634			504,464
PEI Administration	126,210	126,210				
PEI Assigned Funds	0	0				
Total PEI Program Estimated Expenditures	2,433,356	1,782,258	146,634	0	0	504,464



**FY 2016/17 Mental Health Services Act Annual Update
 Innovations (INN) Funding**

County: Yolo

Date: 5/19/16

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Local Innovation Fast Track Program						
Housing Now	100,000	100,000				
Community Outreach (C.O.R.E./C.R.E.O.)	300,000	300,000				
INN Administration	23,241	23,241				
Total INN Program Estimated Expenditures	423,241	423,241	0	0	0	0

DRAFT



**FY 2016/17 Mental Health Services Act Annual Update
 Workforce, Education and Training (WET) Funding**

County: Yolo

Date: 5/19/16

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Central Region WET Partnership		0				
2. Intern Therapy Program for Older Adults	35,000	35,000				
3. Mental Health Prof. Development	60,000	60,000				
4. Ed Loan Repayment/Tuition Reimburse	22,000	22,000				
5. Psychiatric Internship Program	50,000	50,000				
6. WET Coordinator 0.5 FTE	62,516	62,516				
WET Administration	38,913	38,913				
Total WET Program Estimated Expenditures	268,429	268,429	0	0	0	0

DRAFT



FY 2016/17 Mental Health Services Act Annual Update
Capital Facilities/Technological Needs (CFTN) Funding

County: Yolo

Date: 5/19/16

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Facilities Enhancements	360,700	360,700				
2. New Projects	1,032,100	1,032,100				
CFTN Programs - Technological Needs Projects		0				
Yolo Technological Improvement Plan:		0				
1. Phase I: Continued	7,200	7,200				
2. Phase II: Completed	0	0				
3. Phase III: Virtual Environment & Security	68,928	68,928				
CFTN Administration	22,741	22,741				
Total CFTN Program Estimated Expenditures	1,491,669	1,491,669	0	0	0	0

DRAFT



Appendices

DRAFT



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

YOLO COUNTY: MHSAs ANNUAL UPDATE 2016 COMMUNITY MEETINGS

March 2016
Resource Development Associates (RDA)
Kelechi Ubozoh
Roberta Chambers, PsyD



Agenda

Meeting Objectives:
Validate and expand upon needs assessment findings
Discuss strategies for addressing needs

- Welcome and Introductions
- Overview of MHSAs Annual Update and Community Planning Process
- Review Needs Assessment Findings
- Discussion
- Meeting Evaluation



Welcome and Introductions

Welcome to the community planning meeting!

- Please share:
 - Your name
 - Stakeholder affiliation
 - What are you hoping to accomplish or contribute today?



Comfort Agreements/Ground Rules

- Respect all persons and opinions
- One conversation at a time
- Maintain confidentiality
- Right to pass
- Step up/Step down
- Turn cell phones on **vibrate**
- Parking lot items
- Other agreements?



MHSAs Overview

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



MHSAs Components

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





MHSA Annual Update

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

Welfare and Institutions Code Section (WIC §) 5847

R D A

Community Planning Process

- The MHSA intends that there be a **meaningful stakeholder process** to provide subject matter expertise to the **development of plans focused on utilizing the MHSA funds at the local level.**
- Language related to the CPP had always been included in the MHSA and, after Assembly Bill (AB) 1467 was enacted in 2012, this process was strengthened as follows:

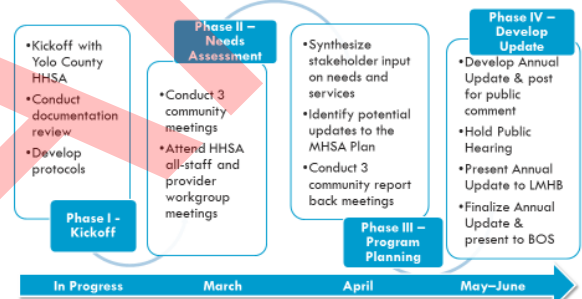
R D A

Community Planning Process

- Program planning shall be developed with local stakeholders** including:
- Adults and seniors with severe mental illness
 - Families of children, adults, and seniors with severe mental illness
 - Providers of mental health services
 - Law enforcement agencies
 - Education agencies
 - Social services agencies
 - Veterans and representatives from veterans organizations
 - Providers of alcohol and drug services
 - Health care organizations
 - Other important interests
 - Source: WIC Section 5848. (a)

R D A

Annual Update Activities and Timeline



R D A

Needs Assessment

ADMH Staff and Provider Work Groups	Community Meetings
<ul style="list-style-type: none"> • General ADMH stakeholders • Contracted Providers of MHSA funded programs and services • ADMH Staff 	<ul style="list-style-type: none"> • Consumers & Family Members • Service Providers • Community sectors (e.g. education, health etc.) • Geographies (i.e. West Sacramento, Woodland, Winters/Esparto)

R D A

Accomplishments

- Crisis Intervention Program in four regions of the County
- Yolo Wellness Center facility upgrades
- Opening of West Sacramento Wellness Center
 - Plans for some dedicated TAY hours
- MHSA Housing project will break ground in December 2016!

R D A



Needs: Mental Health Service Availability

- 15 Expand case management services
- Increase availability of **in-county** psychiatry services/placements
- Increase reliable transportation for staff working in the community
- Meaningful daily activities and involvement in the community that promote wellness

Needs: Mental Health Service Availability

- 16 Greater continuity in mental health services/resources before, during, and after crisis
 - There are not enough discharge options for people exiting the ED or hospital.
 - It is difficult to find placements for older adults with physical and behavioral health care needs.
 - Suggestions: Crisis Stabilization Unit, more Board and Care facilities, other residential options.
- Greater need for children and youth services
 - Current demand exceeds capacity for school-based programs, and referrals for are increasing in need and severity.
 - Children and youth in crisis have few in-county discharge options (e.g. hospital or CRT)

Needs: Mental Health Training and Support

- 17 More education/awareness around available mental health services
 - Updated program/partner resource guides available to support MH staff referrals
- Additional training and support for Board & Care facilities
- Additional Clinical training for MH staff
 - Specialized trainings for clinical staff (e.g. PTSD, CBT, DBT)
 - Technical assistance for MH staff implementing learnings from trainings

Needs: Outreach, Engagement, and Partnerships

- 18 Strengthen partnerships with community organizations serving vulnerable populations
 - Leverage existing community/volunteer relationships to provide more targeted services
 - Partner with businesses to support consumers transitioning into work
 - Expand partnership with schools
- Expand outreach programs for youth and TAY
- More targeted program outreach for undocumented, homeless, LBGQTQ, and Asian American populations

Discussion

- 22 What has been accomplished over the past year?
- What is working well?
- What **changes** would you make to existing programs?
 - Additions/Modifications?
- What **existing resources** from county or community based organizations could be leveraged?
- Would any of these strategies **address other gaps**?

Next Steps





Evaluation and Closing

24

Give us your feedback!



Contact Us:

Kelechi Ubozoh

kubozoh@resourcedevelopment.net

510.488.4345 x113

Roberta Chambers, PsyD

rchambers@resourcedevelopment.net

510.488.4345 x102

R D A

DRAFT



Appendix II: MHSA Community Program Planning Process: Program Feedback Form

Additional Feedback about Programs and Services

As you listen to today's presentation about the MHSA programs and services available in Yolo County, please share your thoughts on what is working well and what can be improved. Your responses to the following questions will help us identify strengths that Yolo HHS may leverage in service provision as well as needs and gaps that HHS should address.

1. Of the existing MHSA programs, what programs or services are working well?
2. What changes would you make to existing programs? (What would need to be added or modified?)
3. What existing resources from county or community-based organizations could be leveraged?
4. Of the strategies you listed above, would any of them address other gaps? If so, please list the strategies and gaps here.



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

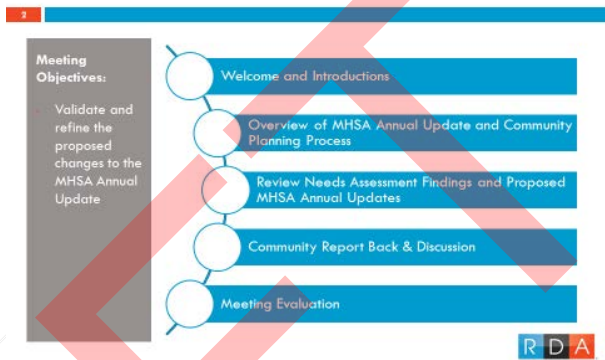


YOLO COUNTY: MHSAs ANNUAL UPDATE FY 2016-17 COMMUNITY REPORT-BACK

April 13, 2016
Kelechi Ubozoh & Roberta Chambers, PsyD
Resource Development Associates



Agenda



MHSAs Overview

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



MHSAs Components

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

MHSAs Annual Update

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

Welfare and Institutions Code Section (WIC §) 5847

Community Planning Process

- The MHSAs intends that there be a **meaningful stakeholder process** to provide subject matter expertise to the **development of plans focused on utilizing the MHSAs funds at the local level.**
- Language related to the CPP had always been included in the MHSAs and, after Assembly Bill (AB) 1467 was enacted in 2012, this process was strengthened as follows:



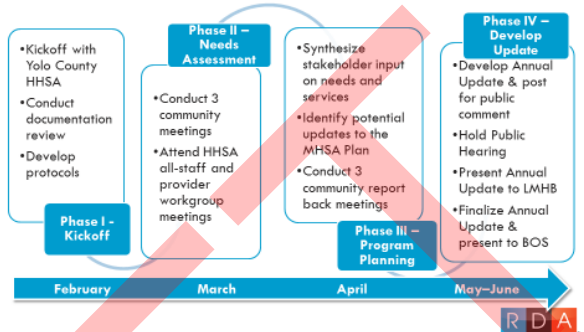


Community Planning Process

- Program planning shall be developed with local stakeholders including:
- Adults and seniors with severe mental illness
 - Families of children, adults, and seniors with severe mental illness
 - Providers of mental health services
 - Law enforcement agencies
 - Education agencies
 - Social services agencies
 - Veterans and representatives from veterans organizations
 - Providers of alcohol and drug services
 - Health care organizations
 - Other important interests
- Source: WIC Section 5848. (a)

R D A

Annual Update Activities and Timeline



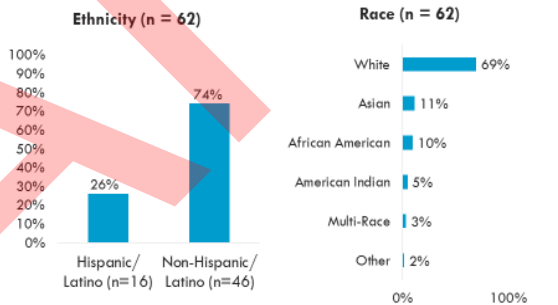
R D A

Community Planning Process: Meeting Type

Meeting Type	Date	Total Participants
Community Kickoff Meeting	March 1, 2016	13
Staff Input Meeting	March 3, 2016	41
Community Input Meetings (3)	March 9, 2016	29
Provider-Stakeholder Work Group	March 17, 2016	5
TOTAL		88

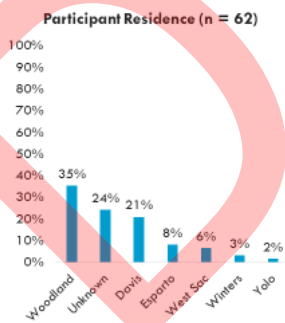
R D A

Community Planning Process: Demographics



R D A

Community Planning Process: Demographics



- Age Distribution (n = 61)
 - Ages 16-24: 5%
 - Ages 25-59: 85%
 - Ages 60+: 10%
- Gender Distribution (n = 62)
 - Male: 28%
 - Female: 71%
 - Genderqueer: 2%

R D A

14 Needs Assessment Findings & Proposed MHSA Updates

R D A



Crisis Supports

15	
Identified Need	
<ul style="list-style-type: none"> • Immediate supports for those in crisis • Long-term supports following discharge 	
Community Recommendations	Action Items
<ul style="list-style-type: none"> • Create Crisis Stabilization Unit (CSU) for adults • Create Crisis Residential Treatment (CRT) for children and youth • Create step-down programs for adults and older adults with physical and mental health diagnoses • Develop in-county Board & Care facilities 	<ul style="list-style-type: none"> • HHSA will review utilization data to determine need for CSU and CRT • HHSA will focus on increasing coordination of care for older adults with chronic conditions in FY 16/17 • HHSA is currently exploring local supportive housing and residential options for clients experience SMI/SED in FY 16/17 <ul style="list-style-type: none"> • To be considered for Three-Year MHSA Plan development

Increased Services

16	
Identified Need	
<ul style="list-style-type: none"> • Increased demand for services, system wide • Children & youth have increased referrals and increased acuity 	
Community Recommendations	Action Items
<ul style="list-style-type: none"> • Increase case management and psychiatry • Increase school-based services • Determine roles and responsibilities for schools and HHSA in regards to Educationally Related Mental Health Services (ERMHS), EPSDT, and PEI-funded programs 	<ul style="list-style-type: none"> • HHSA will explore internship programs with UC Davis in FY 16/17, currently in WET plan • HHSA will work to strengthen collaboration with school system(s) in FY 16/17 • HHSA will reach out to County Office of Education before Three-Year MHSA Plan development

Access to Services

17	
Identified Need	
<ul style="list-style-type: none"> • Barriers to existing services include: <ul style="list-style-type: none"> • Staff access to transportation • Stakeholder knowledge of available services • Hours of operations 	
Community Recommendations	Action Items
<ul style="list-style-type: none"> • Staff reported needs for improved county vehicle maintenance • Develop resource guide to help stakeholders become more aware of and learn how to navigate services • Consider which programs can provide expanded (weekend/ evening) hours 	<ul style="list-style-type: none"> • HHSA will look into existing vehicle inventory and provide appropriate updates in FY 16/17 • Tele-Health is in early implementation; prioritized use with geographically-isolated older adults in FY 16/17, currently in 3 year plan • Already funded HHSA Navigators will develop navigation materials for consumers and serve as a resource for staff, consumers, and families • HHSA will continue to explore expanded hours to meet needs

Underserved Populations

18	
Identified Need	
<ul style="list-style-type: none"> • There are un/underserved and/or inappropriately served groups: <ul style="list-style-type: none"> • Homeless, Latino, Youth, LGBTQ • Russian, Asian Pacific Islanders, and undocumented • Older Adults 	
Community Recommendations	Action Items
<ul style="list-style-type: none"> • Increase outreach and engagement programs and efforts • Improve access to TAY Wellness Center • Create Homeless Wellness/Drop-In Center and/or Multi-Service Center • Conduct targeted recruitment for bilingual/bicultural staff 	<ul style="list-style-type: none"> • HHSA has made homelessness a priority as of July 2015, increasing specialty MH services for homeless individuals <ul style="list-style-type: none"> • In FY 16/17, Yolo will continue to build awareness for these services • HHSA will continue to explore options of opening TAY Wellness Center in Davis • HHSA recently hired Spanish-speaking staff, but will continue to work on staff recruitment • HHSA is working to improve TAY outreach, particularly among foster youth

Outreach and Engagement

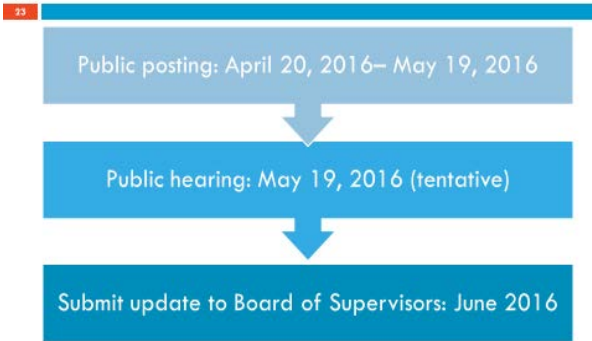
19	
Identified Need	
<ul style="list-style-type: none"> • As people engage in recovery support services they need meaningful daily activities including work 	
Community Recommendations	Action Items
<ul style="list-style-type: none"> • Expand Wellness Center hours and increase outreach and engagement efforts • Enrich Wellness Center curriculum to include more job-centered and volunteer activities • Strengthen FSP programs to increase: vocational education, group services, social activities, and volunteer opportunities 	<ul style="list-style-type: none"> • HHSA will continue to enrich curriculum at the Wellness Centers to include vocational and volunteer opportunities • HHSA is working to improve outreach and engagement for the Wellness Centers • HHSA is committed to ensuring that FSP programs provide vocational, educational, socialization, and volunteer activities. HHSA plans to strengthen these service elements in FY 16/17.

Discussion

- From what you heard today,
 - What resonated?
 - Are there any corrections?
 - Is there anything missing?



Next Steps



Evaluation and Closing

Give us your feedback!

Contact Us:



Roberta Chambers, PsyD
rchambers@resourcedevelopment.net
 510.488.4345 x102

Kelechi Ubozoh
kubozoh@resourcedevelopment.net
 510.488.4345 x113



DRAFT





Appendix IV: MHSA Community Program Planning Process: Invitation Flyer

Yolo County Health and Human Services Agency

Mental Health Services Act (MHSA) FY 16-17 Annual Update

KEY DATES for Community Stakeholder Planning

Tuesday, March 1: MHSA Quarterly Community Stakeholder Meeting & Kick-off, 2:00-3:30 p.m.
Walker-Thomson Room, Bauer Building (137 N. Cottonwood St., Woodland)

Thursday, March 3: Staff Input Meeting, "Mental Health Staff as Stakeholders," 8:30-10:00 a.m.
Walker-Thomson Room, Bauer Building (137 N. Cottonwood St., Woodland)

Wednesday, March 9: COMMUNITY INPUT MEETINGS—ALL STAKEHOLDERS WELCOME!

West Sacramento: MHSA West Sac Wellness Center, 9:00 - 11:00 AM
500-B Jefferson Blvd. at Triangle Court, West Sacramento

Woodland: Bauer Building/Thomson Room, 1:00 – 3:00 PM
137 N. Cottonwood Street, Woodland

Esparto: RISE, Inc. Community Room, 4:30 – 6:30 PM
17317 Fremont Street, Esparto

Thursday March 17: Provider-Stakeholder Work Group Community Input Meeting, 9:30-10:30 AM*
Thomson Room, Bauer Building (137 N. Cottonwood St., Woodland)

*Followed immediately by the regularly scheduled PSWG Meeting.

Wednesday, April 13: COMMUNITY REPORT-BACK MEETINGS—ALL STAKEHOLDERS WELCOME!

West Sacramento: MHSA West Sac Wellness Center, 9:00 - 11:00 AM
500-B Jefferson Blvd. at Triangle Court, West Sacramento

Woodland: Bauer Building/Thomson Room, 1:00 – 3:00 PM
137 N. Cottonwood Street, Woodland

Esparto: RISE, Inc. Community Room, 4:30 – 6:30 PM
17317 Fremont Street, Esparto

TENTATIVE DATES FOR FINALIZING THE ANNUAL UPDATE (to be confirmed after update is posted):



Post FY 16-17 MHSA Plan Update to Yolo County website
Public Hearing to be held on or before this date
Local Mental Health Board to review FY 16-17 Annual Update
Present final draft to Yolo County Board of Supervisors

Please join us! We look forward to hearing your input on MHSA Programs.





Appendix V: MHSAs Community Program Planning Process: MHSAs Sign in Sheet

Sign-In Sheet: [Group] [Date]

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

DRAFT





Appendix VI: MHSA Community Program Planning Process: Demographic Form

Demographic Form

[FOCUS/WORK GROUP]

[DATE]

1. Do you identify yourself as a consumer or a family member of a consumer of mental health services?

- No
Consumer
Family Member

2. What is your stakeholder affiliation?

- Government agency, City or County
Government agency, State
Community-based organization
Law Enforcement
Education agency
Social service agency
Veterans or Veterans Organizations
Provider of mental health services
Provider of alcohol and other drug services
Medical or health care organization
Other:

3. Please indicate your age range:

- Under 16
16-24
25-59
60 and older

4. What is your ethnicity?

- Hispanic/Latino
Non-Hispanic/Latino

5. What is your race? (select all that apply)

- White/Caucasian
African American/Black
Asian or Pacific Islander
American Indian/Native Alaskan
Multi-Race
Other:

6. In which part of Yolo County do you live?

- Brooks
Capay
Clarksburg
Conaway
Davis
Dunnigan
El Macero
Esparto
Guinda
Knights Landing
Madison
Monument Hills
Plainfield
Rumsey
West Sacramento
Winters
Woodland
Yolo
Zamora

7. Please indicate your gender:

- Female
Male
Transmale/transman
Transfemale/transwoman
Intersex
Genderqueer
Prefer not to answer
Other:

8. Is English your preferred language?

- Yes No

If you answered "no," what is your preferred language?



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

Wellness, Recovery, and Resilience

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

Cultural Competence

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

Client and Family Driven Services

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

Integrated Services

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

Community Collaborations

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





Mental Health Services Act (MHSA) Components

Community Services and Supports (CSS)

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

Prevention and Early Intervention (PEI)

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

Innovation (INN)

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

Workforce Education and Training (WET)

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

Capital Facilities and Technological Needs (CFTN)

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



Yolo County Health and Human Services Agency

MHSA 3-Year Plan Annual Update: MHSA Values

Appendix VIII: MHSA Community Program Planning Process: Feedback Form

Thank you for your involvement in the Community Program Planning Process for Yolo County’s Mental Health Services Act Annual Update. We would like to hear about your experience with the planning process. Your feedback will help us understand what we did well and what we can improve upon in the future. Please help us by taking a few minutes to fill out this anonymous feedback form.

Based on your experience please mark to what extent you agree with the following statements.

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. The needs assessment accurately captures the mental health needs in Yolo County.				
2. The proposed updates reflect my opinions/ideas about how to improve mental health services.				
3. The proposed updates will strengthen mental health services in Yolo County.				
4. The proposed updates are in alignment with MHSA values.				
5. The community planning process is in alignment with MHSA values.				
	Poor	Fair	Good	Excellent
6. Overall, how would you rate the quality of facilitation throughout this planning process?				

7. Please share any comments you have about the proposed plan or the community program planning process:

Thank you!





Appendix IX: Mental Health Services Act Summary Program Data FY 12-13, 13-14, 14-15

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

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

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

Fiscal Year 14-15 (7/1/14 to 6/30/15)

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

² CSS: Community Services and Supports; a component of Mental Health Services Act; 55-75% of total MHSA funding.
 INN: Innovation; a component of the Mental Health Services Act; 5% of total MHSA funding.
 PEI: Prevention and Early Intervention; a component of the Mental Health Services Act; 20% of total MHSA funding.

³ FSP: Full Service Partnership, a CSS program service type; provides for comprehensive services to designated seriously mentally ill clients.
 SD: System Development, a CSS program service type; provides for selective services to seriously mentally ill clients.
 O/E: Outreach and Engagement, a CSS program service type; provides for outreach to un-served or underserved individuals in need of mental health services.





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

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 12-13	FY 13-14	FY 14-15	FY 12-13	FY 13-14	FY 14-15 ⁵
Page	Community Services and Supports (CSS) Component						
3	Children’s Mental Health Services (FSP, SD, O/E)	114	118	62	44	51	204
3	Pathways to Independence, Transition-Age Youth (FSP, SD, O/E)	105	103	115	21	37	223
3	Adult Wellness Alternatives (FSP, SD, O/E)	325	324	492	54	57	808
3	Older Adult Outreach and Assessment (FSP, SD, O/E)	94	94	132	39	41	64
3	CSS Housing & Supportive Services (dup.CSS count ⁶ ; omitted from total)	[158]	[172]	[262]			
3	CSS Benefits Specialist (All Ages, All CSS Programs)				259	243	536
4	Greater Access Program—GAP				80	113	81
5	Free to Choose (Harm-Reduction Model Substance Abuse Services)	69	68	73			
	TOTAL Community Services and Supports Clients Served	707	707	874	497	542	1916
	Innovation (INN) Component						
6	Community Outreach and Rural Engagement (CORE)			259			
7	Housing Now			85			909
	TOTAL Innovation Clients			344			909
	Prevention and Early Intervention (PEI) Component						
8	Wellness Project: Urban Children’s Resiliency				3701	4202	2443
9	Wellness Project: Rural Children’s Resiliency				156	144	198
10	Wellness Project: Senior Peer Counselor Volunteers	6	3		40	37	22
11	Early Signs Project: Early Signs Training and Assistance				247	208	440
12	Early Signs Project: Crisis Intervention Team (CIT) Training				89	79	92
	TOTAL Prevention and Early Intervention Clients Served	6	3		4233	4670	3195
	TOTAL MH CLIENTS AND INDIVIDUALS SERVED BY MHSA⁷	713	710	1218	6406	7132	5047

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

⁵FY 14-15 CSS People Served numbers saw great increase due to new and improved tracking methods and practices adopted by Yolo County Health and Human Services Staff.

⁶ Only MHSA CSS clients are eligible for housing supports; hence, these service recipients were included in CSS count, above.

⁷ Source: ADMH Avatar Management Information System (MIS); county records; provider records; performance measures.



COMMUNITY SERVICES AND SUPPORTS (CSS) SUMMARY PROGRAM DATA⁸

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 HHS MHS and TURNING POINT COMMUNITY PROGRAMS

		Fiscal Year 12-13 Complete (7/1/12–6/30/13)	Fiscal Year 13-14 Complete (7/1/13–6/30/14)	Fiscal Year 14-15 Complete (7/1/14–6/30/15)
Full Service Partnership Clients by CSS Program and Age				
CSS 1.	Children’s Mental Health (0-15)	8	8	5
CSS 2.	Pathways to Independence for Transition Youth (16-24)	24	30	19
CSS 3.	Wellness Alternatives Program for Adults (25-59)	100	112	81
CSS 4.	Older Adult Outreach and Assessment (60+)	21	27	30
	TOTAL Full Service Partnership Clients	153	173	131
System Development Clients by CSS Program and Age				
CSS 1.	Children’s Mental Health (0-15)	106	110	57
CSS 2.	Pathways to Independence for Transition Youth (16-24)	81	73	96
CSS 3.	Wellness Alternatives Program for Adults (25-59)	225	212	411
CSS 4.	Older Adult Outreach and Assessment (60+)	73	67	102
	TOTAL System Development Clients	485	451	655
Outreach and Engagement by CSS Program and Age				
CSS 1.	Children’s Mental Health (0-15)	44	51	204
CSS 2.	Pathways to Independence for Transition Youth (16-24)	21	37	223
CSS 3.	Wellness Alternatives Program for Adults (25-59)	54	57	808
CSS 4.	Older Adult Outreach and Assessment (60+)	39	41	64
	TOTAL Outreach and Engagement	158	166	1320
	TOTAL All Program and Service Types (FSP, SD, O/E)	796	790	2106
CSS Housing and Supportive Services (Housing Stabilization)				
CSS 3.	Total CSS Clients Receiving Supportive Housing Services	158	172	262
	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.	\$178,569	\$162,496	\$238,953.84
CSS Benefits Specialist				
CSS 1-4.	TOTAL Individuals Served Re Benefits (Unduplicated)	259	243	536
	TOTAL Individual Contacts Re Benefits Assistance	882	1074	2582

⁸ Source: Yolo County HHS Avatar Management Information System (MIS) and Yolo County records; Turning Point Community Programs records and performance measures.



Yolo County Health and Human Services Agency

MHSA 3-Year Plan Annual Update: MHSA Values

**⁹COMMUNITY SERVICES AND SUPPORTS (CSS) PROGRAM DATA
ACCESS TO CARE FOR HOMELESS AND THE INDIGENT PROGRAM —“ACHIP”
(FORMERLY GREATER ACCESS PROGRAM—“G.A.P.”¹⁰)
SERVICE PROVIDER: YOLO COMMUNITY CARE CONTINUUM (YCCC)**

ACCESS TO CARE FOR HOMELESS AND THE INDIGENT	Fiscal Year 14-15 Full Year (7/1/13 – 6/30/14)
Individuals Served By “ACHIP” (Unduplicated)	
Numbers of Individuals, Type of Services Received:	81
Substance Abuse Support	16
Mental Health Support	80
Help Developing a Personal Recovery Plan	70
Psychiatric Evaluation	81
Safe Harbor Crisis Residential (avoid hospitalization)	17
Substance Abuse Treatment at Walter’s House	16
Support to Enable Individual to be Housed	35
Referrals to Resources in the Community	72
Assistance Accessing Benefits and Medications	41
Age	
16 to 24	11
25 to 59	65
60+	5
Clients Served By Gender	
Males	42
Females	38
Clients Served By Ethnicity	
Caucasian	56
African American	8
Asian/Pacific Islander	2
Hispanic	15
Russian	
Other	
Clients Served By Primary Language	
English	80
Spanish	1
Russian	
Clients Served By Location of Service	
Davis	10
Esparto	2
West Sacramento	12
Winters	1
Woodland	54
Clients Served By Primary Diagnosis	
SMI	80
Non SMI	1

⁹ ACHIP/GAP and Free to Choose were Innovation programs from FY11-12 through FY13-14 and were chosen to continue as CSS programs in July 2015. Data for these programs from their innovation cycles can be found in the MHSA FY15-16 Plan Update.





Yolo County Health and Human Services Agency

MHSA 3-Year Plan Annual Update: MHSA Values

COMMUNITY SERVICES AND SUPPORTS (CSS) PROGRAM DATA

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

SERVICE PROVIDER: TURNING POINT COMMUNITY PROGRAMS¹¹

FREE TO CHOOSE	Fiscal Year 14-15 Complete (7/1/14-6/30/15)
Clients Served (Unduplicated Count)	73
Total Client Contacts	754
Clients completing 1 or more modules	21
Clients completing Module 1 only	6
Clients completing Module 2 only	5
Clients completing Modules 1 and 2	10
Clients completing Modules 1, 2 and 3	
Clients Served By Age	
16 to 24	8
25 to 59	58
60+	7
Clients Served By Gender	
Males	48
Females	25
Clients Served By Ethnicity	
Caucasian	47
African American	5
Asian/Pacific Islander	2
Hispanic	16
Native American	2
Other	1
Clients Served By Primary Language	
English	72
Spanish	
Other	1
Clients Served By City of Residence	
Davis	23
Esparto	1
Sacramento [boarding]	6
West Sacramento	10
Winters	1
Woodland	32
Homeless	
Clients Served By Primary Diagnosis	
Bipolar	11
Depression	6
Dependent Personality Disorder	1
Drug-Induced Delirium	2
Manic Disorder	1
PTSD	3
Schizophrenia	21
Schizoaffective Disorder	21
Substance Abuse	
Unspecified Psychosis	7

¹¹ ACHIP/GAP and Free to Choose were Innovation programs from FY11-12 through FY13-14 and were chosen to continue as CSS programs in July 2015. Data for these programs from their innovation cycles can be found in the MHSA FY15-16 Plan Update.



Yolo County Health and Human Services Agency

MHSA 3-Year Plan Annual Update: MHSA Values

**“L.I.F.T.” INNOVATION (INN) SUMMARY PROGRAM DATA
 COMMUNITY OUTREACH AND RURAL ENGAGEMENT (C.O.R.E.) PROGRAM
 CREANDO RECURSOS Y ENLACES PARA OPORTUNIDADES (C.R.E.O.)
 SERVICE PROVIDER: COMMUNICARE HEALTH CENTERS, INC.¹²**

	INN YEAR 1 Fiscal Year 14-15 (7/1/14 – 6/30/15)
Total Clients Served	
New Clients Served (Unduplicated)	259
Clients Served by Age	
Children 0-15	0
TAY 16-24	13
Adult 25-59	227
60+	19
Clients Served by Gender	
Males	68
Females	191
Clients Served by Primary Language	
English	66
Spanish	193
Russian	0
Clients Served by Primary Diagnosis	
SMI	0
Non SMI	259
Summary	
New Screening Completed	259
Carry-Over CORE clients	67
Active CORE Clients	98
NEW Counseling Appointments	42
Clients Graduated	15
Appointments Completed with B2H Clients	325
Number of New Patients By Services Provided	
CORE Screenings	259
BH Counseling	114
Psychiatrist	20
Number of Carry-over CORE Clients	
Case Management	22
B2H Case Management	15
BH Counseling	44
Psychiatry	10
CORE Clients Served by Service Location <i>New & Carryover</i>	
Woodland	108
West Sacramento	108
Davis	43
Referrals Returned or Closed	
Successful Completion	15
Declined Services	0
Moved	4
Not Approved	83
Other (No Longer eligible, no contact, on hold)	37

¹² Source: CommuniCare Health Centers, provider records and performance measures; LIFT Programs started





Yolo County Health and Human Services Agency

MHSA 3-Year Plan Annual Update: MHSA Values

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

HOUSING NOW

SERVICE PROVIDER: YOLO COMMUNITY CARE CONTINUUM (YCCC)

		INN YEAR 1 Fiscal Year 14-15 Full Year (7/1/14 – 6/30/15)
Total Clients Enrolled (Unduplicated Count)		
	Newly Enrolled	85
	Newly Housed (households)	27
	Newly Housed (total people)	30
	Eviction Prevention	2
	Outreach	909
Clients Served By Age		
	16 to 24	5
	25 to 59	79
	60+	1
Clients Served By Gender		
	Males	44
	Females	41
Clients Served By Ethnicity		
	Caucasian	49
	African American	17
	Asian/Pacific Islander	2
	Hispanic	17
	Russian	0
	Other	0
Clients Served By Primary Language		
	English	✓
	Spanish	✓
	Russian	
Clients Served By City of Origin		
	Davis	6
	Esparto	1
	West Sacramento	41
	Winters	1
	Woodland	36



Yolo County Health and Human Services Agency

MHSA 3-Year Plan Annual Update: MHSA Values

**PREVENTION & EARLY INTERVENTION (PEI) SUMMARY PROGRAM DATA
PEI WELLNESS PROJECT: URBAN CHILDREN’S RESILIENCY BUILDING PROGRAM¹³
SERVICE PROVIDER: VICTOR COMMUNITY SUPPORT SERVICES**

	Fiscal Year 12-13 (7/1/12–6/30/13)	Fiscal Year 13-14 (7/1/13–6/30/14)	Fiscal Year 14-15 (7/1/14-6/30/15)
Clients Served (Unduplicated count)	3701	4202	2443
Total Clients Served (Duplicated count; includes general audiences)¹⁴			6675
Clients Served By Age (Data for participants in specific programs.)¹⁵			
0 to 15 (Children)	671	727	519
16 to 24 (Transition-Age Youth)	46	36	101
Clients Served By Gender			
Males	407	392	412
Females	329	271	256
Clients Served By Ethnicity			
African American	35	37	34
Latino	240	367	345
Native American	5	11	4
Caucasian	231	213	184
Asian	31	25	15
Pacific Islander	47	22	3
Other, including multi-cultural individuals	97	99	45
Unknown	50	0	0
Clients Served By Primary Language			
English	532	475	364
Spanish	166	248	201
Russian	13	10	4
Farsi	2	3	
Other	23	27	12
Hours of Service By School District or Other Location	Hours of Service	Hours of Service	Hours of Service
Davis Joint Unified SD	177	256	194
Washington Unified SD (West Sacramento)	446	369	268.67
Woodland Joint Unified SD	633	358	514
Yolo County Office of Education/Other SD	70	157	80.25
In Community/Other Non-SD	280	237	217.33
Hours of Service By Identified Target Population	Hours of Service	Hours of Service	Hours of Service
Children/Youth At-Risk	595	376	335.83
Children/Youth In Onset of Psychiatric Illness	117	169	238
Children/Youth At-Risk of School Failure	1255	1057	1096.24
Trauma Exposed Children/Youth	587	590	794.75
Children/Youth in Stressed Families	1367	1134	1105.41

¹³ Source: Victor Community Support Services, provider records and performance measures.

¹⁴ Clients Served count includes Selective and Universal Client counts and included participants from general audiences.

¹⁵ 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.





Yolo County Health and Human Services Agency

MHSA 3-Year Plan Annual Update: MHSA Values

**PREVENTION & EARLY INTERVENTION (PEI) SUMMARY PROGRAM DATA
 PEI WELLNESS PROJECT: RURAL CHILDREN’S RESILIENCY BUILDING PROGRAM¹⁶
 SERVICE PROVIDER: RURAL INNOVATIONS IN SOCIAL ECONOMICS, INC. (R.I.S.E.)**

	Fiscal Year 12-13 (7/1/12–6/30/13)	Fiscal Year 13-14 (7/1/13--6/30/14)	Fiscal Year 14-15 (7/1/14–6/30/15)
Clients Served (Unduplicated Count)	156	144	198
Clients Served By Age			
0 to 15 (Children)	116	104	116
16 to 24 (Transition-Age Youth)	40	40	82
Clients Served By Gender			
Males	80	75	71
Females	76	69	127
Clients Served By Ethnicity			
African American	2	2	0
Latino	124	115	196
Native American	0	0	0
Caucasian	28	25	2
Asian	0	0	0
Pacific Islander	0	0	0
Other	1	1	0
Unknown / Declined to State	1	1	0
Clients Served By Primary Language			
English	42	38	90
Spanish	114	106	105
Russian	0	0	0
Other	0	0	0
Clients Served By School District			
Esparto Unified School District	50	38	
Winters Joint Unified School District	106	106	198

¹⁶ Source: Rural Innovations in Social Economics, Inc. (R.I.S.E.), provider records and performance measures.





Yolo County Health and Human Services Agency

MHSA 3-Year Plan Annual Update: MHSA Values

**PREVENTION & EARLY INTERVENTION (PEI) SUMMARY PROGRAM DATA
 PEI WELLNESS PROJECT: SENIOR PEER COUNSELOR VOLUNTEER PROGRAM¹⁷
 SERVICE PROVIDERS: YOLO COUNTY MHSA PEI UNIT (07/01/2012 -09/30/2014)
 AND CITIZENS WHO CARE (10/01/2014 - 06/30/2015)**

	Fiscal Year 12-13 Complete (7/1/12–6/30/13)	Fiscal Year 13-14 Complete (7/1/13–6/30/14)	Fiscal Year 14-15 Complete (7/1/14–6/30/15)
TOTAL OLDER ADULTS (60+) SERVED	46	40	22
Clients Served By Gender			
Males	14	12	9
Females	32	28	13
Clients Served By Ethnicity			
African American	2	1	1
Latino	8	9	3
Native American	0	0	
Caucasian	33	30	18
Asian	0	0	
Pacific Islander	0	0	
Other	2	0	
Unknown	1	0	
Clients Served By Primary Language			
English	44	39	22
Spanish	2	1	
Russian	0	0	
Other	0	0	

¹⁷ Source: ADMH Avatar MIS and Yolo County Records





Yolo County Health and Human Services Agency

MHSA 3-Year Plan Annual Update: MHSA Values

**PREVENTION & EARLY INTERVENTION (PEI) SUMMARY PROGRAM DATA
PEI EARLY SIGNS PROJECT: EARLY SIGNS TRAINING AND ASSISTANCE PROGRAM¹⁸
SERVICE PROVIDER: YOLO COUNTY HEALTH AND HUMAN SERVICES--PEI UNIT**

	Fiscal Year 12-13 Complete (7/1/12–6/30/13)	Fiscal Year 13-14 Complete (7/1/13–6/30/14)	Fiscal Year 14-15 Complete (7/1/14–6/30/15)
Individuals Served (Unduplicated Count)	247	208	440
Individuals Served By Age			
0 to 15 (Child)			1
16 to 24 (Transition-Age Youth)	68	50	126
25 to 59 (Adult)	161	135	275
60+ (Older Adult)	15	9	28
Declined to State	3	0	10
Individuals Served By Gender			
Males	47	29	108
Females	197	179	328
Other	2	0	
Declined to State	1	0	4
Individuals Served By Ethnicity			
	Partial ethnicity data.	Partial ethnicity data.	Partial ethnicity data.
African American	8	10	16
Latino	73	70	132
Native American	2	2	10
Caucasian	105	85	210
Asian	13	17	55
Pacific Islander	1	2	8
Other	7	11	43
Unknown/Declined to State	7	4	3
Individuals Served By Primary Language			
		Partial data.	
English	✓	✓	370
Spanish	✓	✓	35
Russian			4
Other			31
Locations Where Trainings Were Offered			
Davis	✓	✓	✓
West Sacramento	✓	✓	✓
Winters	✓		
Woodland	✓	✓	✓
Other/Rural/Unincorporated	✓	✓	

¹⁸ Source: ADMH Avatar MIS and Yolo County Records





Yolo County Health and Human Services Agency

MHSA 3-Year Plan Annual Update: MHSA Values

**PREVENTION & EARLY INTERVENTION (PEI) SUMMARY PROGRAM DATA
PEI EARLY SIGNS PROJECT: CRISIS INTERVENTION TEAM (CIT) TRAINING¹⁹
DISABILITY RESPONSE, INC. /MICHAEL SUMMERS**

	Fiscal Year 12-13 (7/1/12–6/30/13)	Fiscal Year 13-14 (7/1/13--6/30/14)	Fiscal Year 14-15 (7/1/14--6/30/15)
LAW ENFORCEMENT/FIRST RESPONDERS TRAINED	89	79	92
LE Officers/First Responders Trained By Age			
25 to 59	86	78	30
60+	1	1	61
Declined to State	2	0	1
LE Officers/First Responders Trained By Gender			
Males	64	61	62
Females	25	18	30
LE Officers/First Responders Trained By Ethnicity			
African American	9	5	6
Latino	14	12	17
Native American	0	1	1
Caucasian	60	55	59
Asian	3	1	3
Pacific Islander	1	4	3
Other	2	1	3
LE Officers/First Resp. Trained By Primary Language			
English Only	✓	70	57
Bilingual: English/Spanish	✓	7	11
Russian	Detail not available	1	
LE Officers/First Responders Trained By Agency			
Davis Police Department	5	14	7
Los Rios Police Department			5
West Sacramento Police Department	9	2	0
Winters Police Department	2	2	3
Woodland Police Department	5	1	8
Yolo County Probation Department	10	3	5
Yolo County Sheriff's Department	0	1	5
U. C. Davis Police Department	0	1	0
California Highway Patrol (local office)	3	1	5
Out of County Law Enforcement Participants	36	29	20
Other First Responders (EMTs, Regional Transit, Hospital Security, Tribal Security, etc.)	19	25	34

¹⁹ Source: Disability Response/M. Summers, provider records and performance measures.

