Yolo County
Mental Health Services Act (MHSA)
Three- Year Program & Expenditure Plan
2017-2020

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WELLNESS • RECOVERY • RESILIENCE

Prepared by:

Resource Development Associates

February 16, 2017

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For Board of Supervisors Minute Order

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MHSA COUNTY COMPLIANCE CERTIFICATION

County: Yolo

☒ **Three-Year Program and Expenditure Plan**
☐ **Annual Update**

Local Mental Health Director	**Program Lead**
Karen Larsen, Health and Human Services Director (530) 666-8651 Karen.Larsen@yolocounty.org	Joan Beesley, MHSA Manager (530) 666-8536 Joan.Beesley@yolocounty.org
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 I am the official responsible for the administration of county/city mental health services in and for said county/city and that the County/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Three-Year Program and Expenditure Plan or Annual Update, including stakeholder participation and nonsupplantation requirements.

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on _____, 2017.

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.

Karen Larsen _____ _____

Mental Health Director/Designee (PRINT) | Signature | Date

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MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION

County: Yolo

☒ **Three-Year Program and Expenditure Plan**
☐ **Annual Update**
☐ **Annual Revenue and Expenditure Report**

Local Mental Health Director	**County Auditor-Controller/City Financial Officer**
Karen Larsen, Health and Human Services Director (530) 666-8651 Karen.Larsen@yolocounty.org	
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.

Karen Larsen _____ _____

Mental Health Director/Designee (PRINT) Signature Date

I hereby certify that for the fiscal year ended June 30, 2017, 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 2017, 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

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Introduction

Yolo County began the Community Program Planning (CPP) process for its Mental Health Services Act (MHSA) *Three-Year Program and Expenditure Plan 2017 – 2020* in September 2016. Yolo County (HHSA) contracted with Resource Development Associates (RDA) to facilitate the CPP activities that culminated in this plan. The purpose of this plan is to describe Yolo County's CPP process, provide an assessment of the needs identified and prioritized via an inclusive stakeholder process, and the proposed programs and expenditures to support a robust mental health system based in wellness and recovery. This plan includes the following sections:

- **Overview of the community planning process** that took place in Yolo County from September 2016 through February 2017. Yolo's CPP was built upon the meaningful involvement and participation of mental health consumers, family members, county staff, providers, and many other stakeholders.

- **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 (community meetings, focus groups, leadership interviews, and stakeholder and Russian Intercept surveys) to identify the service gaps which will be addressed by Yolo's proposed MHSA programs for 2017 – 2020.

- **Description of Yolo County's MHSA programs** by age group for direct services and by component for non-direct services, including 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.

Proposition 63 (Mental Health Services Act) was approved by California voters in 2004 to expand and transform the public mental health system. The MHSA is funded by imposing a one percent tax on individual annual incomes exceeding one million dollars. The MHSA represents a statewide movement to provide a better coordinated and more 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).

Figure 1: MHSA Values

In 2013, Yolo County set out to enhance their crisis intervention services, expand services throughout the county, bolster support for older adults, and expand reach of psychiatric services to rural communities. In

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response the previous community needs assessment, Yolo County spent considerable efforts to strengthen crisis services and reduce psychiatric hospitalizations, incarcerations, and homelessness. Yolo County also expanded and formalized the role of Peer Support Workers to support consumers in navigating the local mental health system. Input from stakeholders throughout the most recent CPP reflected the shift of the challenges from crisis to prevention and follow-up care, specifically highlighting the need to focus on improving identification of consumers who need services as well as ongoing treatment.

Since completing the needs assessment and program planning phase of the *Three-Year Program and Expenditure Plan 2017–2020*, stakeholders focused their efforts on addressing gaps that have emerged and enhancing the mental health services offered by current MHSA programs. Examples of new services or enhancements made to MHSA programs include:

- Establishment of access and linkage programs to support universal screening and linkage to services and strengthening of identification of children ages 0-5;
- Incorporation of early intervention services for TAY that are developing a serious mental illness;
- Development of community-based navigation centers that include both recovery-based mental health and social services;
- Restructuring of TAY Wellness Center services for young adults at all levels of recovery;
- Formation of a Peer Workforce workgroup to onboard, train, and supervise the peer support staff.

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

Thank you for your interest and participation in developing Yolo County's MHSA *Three-Year Program and Expenditure Plan 2017 – 2020.*

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Community Planning Process

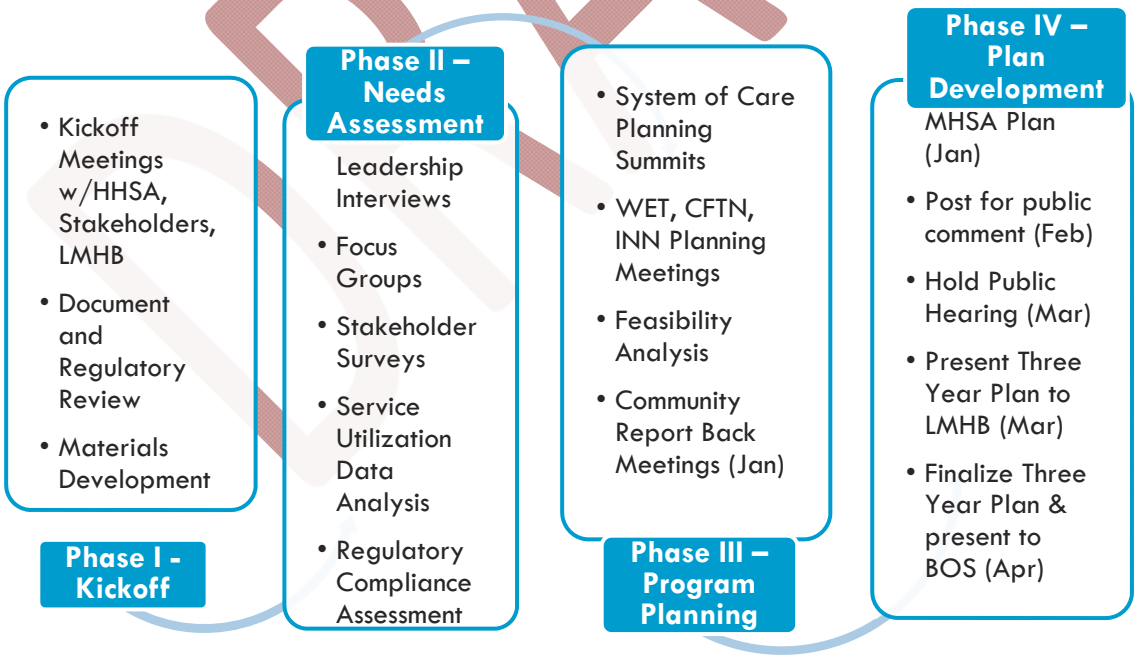
I. Description of Community Planning Process

Planning Approach and Process

In September 2016, Yolo County's Health and Human Services Agency (HHSA) embarked on a planning process for the Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan for fiscal years 2017-2018 through 2019-2020. The planning team was led by Karen Larsen, Department of Health and Human Services Director; Sandra Sigrist, Adult & Aging Branch Director; Joan Beesley, MHSA Coordinator; and Resource Development Associates (RDA), a consulting firm with mental health planning expertise.

The planning team utilized a participatory framework to encourage buy-in and involvement from stakeholders including service providers, consumers, family members, other professionals likely to come into contact with people with mental health needs, and interested community members. The planning process was divided into four phases: 1) Kickoff, 2) Needs Assessment, 3) Program Planning, and 4) Plan Development. Figure 2 lists the activities included in each phase.

Figure 2. Community Planning Process



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Throughout the planning process, the planning team made presentations to the Yolo County Local Mental Health Board (LMHB) and Board of Supervisors (BOS), both of which reviewed and commented on all recommendations made by the MHSA planning team. All meetings of the LMHB and BOS are open to the public. All participants in the planning process were provided with feedback forms and comment boxes for RDA staff to use a guiding and input tool throughout the process. All forms were anonymous to protect participant privacy and confidentiality (See Appendix 1).

Community Planning Activities

The planning team carried out a set of community meetings and information-gathering activities to engage stakeholders in all stages of the planning and strategy development process in order to ensure that the Plan reflected stakeholders' experiences and suggestions. Planning activities and their corresponding dates are presented in the table below, followed by a detailed description of each activity.

Table 1. Community Planning Activities and Dates

Activity	Date
Community Meetings	
Kickoff MHSA Stakeholder Meeting	September 26, 2016
Board and Committee Meetings	
Local Mental Health Board	October 24, 2016
Community Corrections Partnership	November 14, 2016
Board of Supervisors	November 22, 2016
Needs Assessment	
Focus Groups	October 20, 2016-November 4, 2016
Leadership Interviews	October 2016- November 2016
Stakeholder Surveys	October 2016- November 2016
Strategy Development	
System of Care Summits	December 6, 7, and 9, 2016
Community Report Back Meetings	January 10-11, 2017
Board of Supervisors Meeting	February 7, 2017
Public Review Process	
30-Day Review Period	February 17, 2017- March 20, 2017
Public Hearing	March 22, 2017
Local Mental Health Board Meeting	March 27, 2017

Kickoff Meetings

The planning team held community meetings to ensure that all stakeholders—particularly consumers and their families—had the opportunity to hear about and provide input to the community planning process.

To initiate the planning process, the planning team held three kickoff meetings: one for the LMHB, one for the Board of Supervisors, and MHSA stakeholders. Kickoff meetings were announced via email through the MHSA Coordinator's email list of county mental health services stakeholders (see Appendix 2 for the email announcement). The purpose of the kickoff meetings was to provide information about the proposed planning process timeline, and to gather feedback about what was missing or suggestions to improve the proposed process. RDA presented the proposed Community Planning Process to Yolo stakeholders to both engage and inform stakeholders of how they can participate in the process and also collect initial data to support the needs assessment. At each of the meetings, RDA used a PowerPoint presentation to inform participants of the proposed process. Copies of the PowerPoint were made available as handouts for kickoff meeting participants (see Appendix 3 for the kickoff meeting presentation). This allowed the planning team to ensure that the process was reaching important stakeholders and to garner community buy-in for the process. Based on suggestions from the kickoff meetings, the planning team agreed to add focus groups with the following populations to the planned Needs Assessment activities:

- LGBT+
- Homeless
- Board and Care stakeholders
- West Sacramento adult consumers/ general community

Leadership Interviews

RDA staff conducted interviews with key leadership staff in the County to understand the types and levels of services in each system of care across MHSA components, access points into each system, referral pathways, and touch points with services outside of the mental health system. The purpose of these interviews was to learn in depth about the landscape of mental health services from a high-level perspective. The interviews were used as a tool to facilitate discussion of potential changes to the system and conceptualize gaps and needs of the current system and to develop new programs and services within each respective system.

Focus Groups

RDA staff convened 21 focus groups to gather input from providers and community members about their experiences with the mental health system and their recommendations for improvement. Participants were asked to reflect on what works well in the current system, mental health service gaps, provider competence and training, capital facility needs, access to health information and personal health data, and recommendations for what they would like to see in an ideal system (for the complete list of questions, see Appendix 4 for the focus group protocol). The focus group format allowed the planning team to reach a greater number of participants and gave participants the chance to discuss topics among themselves, thereby producing additional information that might not have emerged in individual interviews. Recruitment for focus groups was conducted by HHSA staff involved in the MHSA planning team, as well as staff from local community-based agencies. Focus groups were advertised via email explaining the purpose of the meetings as well as a flyer with key dates for community planning activities.

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Focus Group and Key Dates Flyers were posted throughout the Bauer Building, Woodland Wellness Center, and Clinic. Flyers were also posted in the wellness centers and clinics of other service communities such as Davis, West Sacramento, and Winters. Additionally, stakeholders whose contact information was in MHSA's distribution list received an email notification and reminder about each focus group that included a link to the Key Dates flyer (See Appendix 5). Focus groups were held at various community-based and county agencies and lasted approximately one and a half hours each.

Stakeholder Survey

The planning team developed a survey for stakeholders to collect input from stakeholder groups regarding their experience with MHSA service utilization and provision and perception of community needs. The purpose of the survey was to collect information from a wider audience beyond the focus groups. More specifically, the survey targeted three identified groups of underserved stakeholders: 1) Russian community; 2) Consumers and Family; and 3) Parents with minor children. To ensure that each stakeholder group had the opportunity to provide input or feedback on mental health needs and resources in Yolo County, each survey was designed in an accessible and culturally competent format. The Russian community was engaged via phone surveys conducted by a Russian representative of the MHSA staff in Russian language. The stakeholder survey for consumers and family and parents with minor children was conducted online and paper format. The online surveys were distributed by Yolo County HHSA via the MHSA distribution list and the paper surveys were distributed to the Wellness Center. The online surveys were designed to be adaptable with built-in logic that identified stakeholder affiliation of participants. All online participants were asked to complete stakeholder-specific modules based on their selected stakeholder affiliation. It is important to note that the final survey data was inconclusive due to the low survey participation rate data therefore data from the surveys will not be used for this plan.

- **Russian Intercept Survey:** A Russian representative of the MHSA staff conducted a phone survey in the Russian language to clients and their caregivers currently being served in the HHSA Mental Health System; 16 stakeholders were contacted via phone and 14 provided responses. The survey was composed of five questions that aimed to assess the needs, suggestions, and experiences of HHSA mental health services among the Russian community (see Appendix 6 for survey questions).
- **Consumers and Family Module:** This module was for adults and TAY that received or are in need of mental health services. The module asked general questions about their experience accessing and receiving mental health services and supports as well as what they felt works well and could be improved. We also designed the survey to pipe certain groups such as TAY to questions that are specific to their experience (see Appendix 7 for survey questions).
- **Parents with Minor Children Module:** RDA staff have found in Yolo County that parents of children receiving MHSA services are a difficult group to engage in assessment and planning activities. For a variety of reasons, parents often do not have time during the day to attend focus groups and/or planning meetings. To ensure that the parent perspective was included in our assessment and planning processes, we developed a module about services for their children as

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well as supports for family members. This module collected their perspective on services that are currently missing or could be improved (see Appendix 8 for survey questions).

MHSA Planning Summits

After the conclusion of Needs Assessment phase of the planning process, RDA synthesized the results of the leadership interviews and focus groups to identify key mental health service needs, unserved and underserved populations and geographic areas, barriers to entry and ongoing access of mental health services, workforce shortages, and needs related to capital facilities and technology. These data were then combined with available quantitative data about MHSA-funded services and consumers served and presented at a series of community planning summits (see Appendix 9 for the presentation).

RDA facilitated three (3) day-long planning summits: one for the children/TAY system of care, one for the adult/older adult system of care, and one for the MHSA components (WET, CFTN, INN). The planning summits were designed to discuss the results of the needs assessment; prioritize service gaps; identify strategies to address these gaps; and prioritize strategies based on their ability to address the service gap in question, address additional service gaps, and maximize resources (the planning summits worksheets handed out to participants are in enclosed in Appendix 10). HHSA staff involved in the MHSA planning team directly invited participants to represent key stakeholders including LMHB, NAMI, local law enforcement agencies, veterans, providers, consumer and family members.

System of Care Summits: At each of the system of care planning meetings, RDA presented an in-depth analysis of the needs assessment and facilitated plan development discussions. The meetings were designed to be interactive and participant-driven in determining the prioritization of service gaps, breaking into small groups to come up with strategies for each age group. The group then reconvened to present their proposed strategies. The planning summits resulted in a set of ideas, programs, and recommendations for the three-year plan.

MHSA Component Planning Summit (WET, CFTN, INN): Following the system of care planning summits, RDA organized and facilitated component summit to discuss the WET, CFTN, and INN. These planning summits built on the recommendations and programs developed in the previous planning summits to further explore component-specific strategies for the WET, CFTN, and INN components. During this summit, RDA reviewed findings from the needs assessment in each of these areas as well as findings and recommendations that emerged from the two system of care planning summits. In response to the recent regulatory changes to the INN and PEI components, RDA staff also reviewed program alignment with the new MHSA regulations and discussed options to bring services into alignment with the new regulations. The component work session resulted in a set of consolidated ideas, programs, and recommendations for HHSA have considered in the feasibility analysis.

Following the planning summits, RDA met with Karen Larsen, Department of Health and Human Services Agency Director, Joan Beesley, MHSA Coordinator, and Sandra Sigrist, Adult & Aging Branch, Director to review the proposed strategies. The principle criteria of the planning team in reviewing the proposed

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strategies were applicability to current MHSA programs, service needs, required resources, and adherence to the MHSA. Ultimately, the MHSA planning team decided to incorporate most of the proposed strategies that adhered to the MHSA into the MHSA Three-Year Program and Expenditure Plan. Strategies that did not adhere to the MHSA or that could be incorporated into other ongoing initiatives outside of MHSA programs, HHSA took under advisement and committed to moving those strategies into the appropriate forum or funding streams.

Community Report-back Meetings

The results of the system of care summits were presented to stakeholders in a second series of community report-back meetings (see Appendix 11 for the system of care presentation). These meetings were publicized by email to MHSA stakeholders, including HHSA providers, community providers, and all individuals who signed up for email updates throughout the planning activities and through the MHSA coordinator's email list serve (see Appendix 12 for the Community Meeting announcement). See the table below for the breakdown of the three report back meetings.

Table 2. Total Number of Stakeholders at Report Back Meetings

Community Report Back Location	Partner Organization	Total Participants
Esparto, CA	Rise, Inc.	15
West Sacramento	Yolo County HHSA	17
Woodland, CA	Yolo County HHSA	13
Total		**45**

Flyers announcing the Community Meetings were also posted in HHSA buildings in Woodland and West Sacramento, the Woodland Wellness Center, and the seven Yolo County library branches (Appendix 13 includes the Community Meeting flyer). During these meetings stakeholders discussed their impressions of the proposed Plan and provided feedback on how well they felt the community planning process included their input. Based on input from the community meetings, the following modifications were considered and decided upon by Yolo HHSA as follows:

Table 3. Requests to Modify Programs Presented at Community Meetings

Request	Status of Request
Stakeholders requested that Yolo HHSA incorporate the school/community based prevention groups for school-aged children into the PEI component of the plan.	Yolo HHSA has added this component of the School and Community Based Mentorship Program into the plan.

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Stakeholders requested that Yolo HHSA include peer family support groups and psycho-education.	Yolo has included the provision of peer and family led support services into the plan.

Public Review Process

The public review process is described in Section III.

II. Stakeholder Participation

Outreach for Community Planning Activities

Outreach efforts were shaped by the input of the MHSA planning team, feedback from the community kickoff meetings, and the Local Mental Health Board, to ensure that the planning process reached a broad spectrum of stakeholders and that the process was driven by community input.

All community-planning activities were included in a Key Dates flyer (see Appendix 5 for the kickoff-meeting flyer) that were posted and distributed throughout the county including:

- HHSA buildings in Davis, Woodland, and West Sacramento
- Woodland Wellness Center
- Yolo County clinics and community-based organizations

Stakeholders whose contact information appeared in the distribution list received community planning activity announcements and reminders about focus groups, planning summits, and community report back meetings. Each email sent to stakeholders included a link to the Key Dates Flyer to cross promote community planning activity opportunities.

MHSA Email Distribution list included:

- Yolo County Board of Supervisors and deputies
- All LMHB members and other advisory groups
- All HHSA executive leadership and managers
- Yolo HHSA Director's Provider Stakeholder contacts, including the Health Council and HPAC
- Any stakeholder who previously attended an MHSA meeting (during this planning cycle and last) and requested to be added to the MHSA distribution list

Outreach for focus groups was conducted through emails and phone calls from HHSA. HHSA staff were supported by the community-based agencies hosting the focus groups and other community based organizations such as NAMI. Consumer focus groups elicited the participation from a variety of stakeholders including adults and seniors with severe mental illness, families, transition-aged youth, foster youth, persons experiencing homelessness, rural and urban consumers, and English learners.

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Similar to the focus groups, the planning summits were advertised via email and Key Date flyers. The summits were also advertised at all community planning activities. Stakeholders represented a variation of MHSA stakeholders including NAMI, the LMHB, the Board of Supervisors, health and mental health service providers from across all age groups, Yolo HHSA staff, law enforcement agencies, education agencies, social services agencies, veterans and, adult consumers with severe mental illness, and other stakeholders. The Community Report Back Meeting was marketed through the local media outlets and posting to the Yolo County Official Facebook page, Twitter, and on the County's Webpage.

Efforts to Include Consumers and Unserved and Underserved Populations

Special efforts were made to ensure that consumers were represented in all phases of the planning process. Yolo HHSA and provider staff were asked to reach out to linguistically isolated communities with the community survey and focus groups. In an effort to reach Yolo County's large Latino/Hispanic population, a Spanish-language interpreter was available at the focus group held for rural residents in Esparto and West Sacramento. Flyers advertising the summits were distributed throughout the county (see Appendix 15 for flyer).

As newly targeted populations, HHSA staff utilized phone calls to reach homeless, LGBTQ, and Board and Care stakeholders as they required additional outreach to identify the appropriate participants. Adult and TAY consumers were also invited to attend their own focus groups. Summarized in the table below are the focus groups that included the exclusive participation of consumers:

Table 4. Total Number of Focus Group Participants, by Focus Group Types

October Focus Groups	Location	Total Participants
CCP Stakeholder Kickoff Meeting	HHSA, Woodland	16
Homeless	Fourth and Hope, Woodland	4
CBO Adult	HHSA, Woodland	2
CBO Youth/ Kids	HHSA, Woodland	4
NAMI Family Members	NAMI, Davis	26
Davis Client	HHSA, Davis	9
Adult & Older Adult	RISE Inc., Esparto	11
November Focus Groups		**Total Participants**
Yolo County HHSA Staff (2)	HHSA, Woodland	0
Office of Education	Office of Education, Woodland	5
Board and Care Residential Workgroup	HHSA, Woodland	15
Transition-Age Youth	RISE Inc., Esparto	11
Latino-Esparto	RISE Inc., Esparto	13
LGBTQ	HHSA, Woodland	8
Peer Support Worker	HHSA, Woodland	7
MHSA Wellness Center Client	Wellness Center, Woodland	10
Adult Client	Wellness Center, Woodland	0
Mental Health Provider	HHSA, Woodland	2
Winters Community Members	HHSA, Winters	0
Client and Community Members	HHSA, West Sacramento	3

Latino- West Sacramento	HHSA, West Sacramento	5
Total Focus Groups: 21		**Total:151**

Due to conflicting schedules, RDA scheduled additional focus groups for Yolo County HHSA Staff; however, no participants attended. Participation in the NAMI Family Member focus group was unusually high, but there were no attendees at the Winters Community Member focus group. In addition to the above activities, a Board and Care Residential workgroup was held at HHSA Woodland with 15 participants representing a cross section of family, community-based provider, and county staff.

Summary of Stakeholder Participation

There were over 300 people (n=333) who participated in community planning activities.[1] The following table presents the number of participants in each activity.

Table 5. Total Number of Participants, by Activity

Community Planning Activity	Total Count of Duplicated Participants
Kickoff Meetings	16
Focus Groups	151
Leadership Interviews	4
Stakeholder Surveys	76
Planning Summits	41
Community Meetings	46
Total	333

Table 6. Consumer Status by Activity[2]

CPP Phase	Consumer	Family Member	Other
Kickoff Meeting: MHSA Stakeholder	3	5	7
Focus Groups	54	41	31
Stakeholder Surveys	44	18	1
Planning Summits	1	3	9
Community Meetings	1	77	57
Total	**103**	**144**	**105**

At every phase of the CPP, consumer and family members participated in the planning activities. Table 5 provides an overview of the number of consumers and family members who participated in all of the planning activities.

[2] Not all participants filled out a demographic sheet.

The planning summits consisted of range of stakeholders including family members, representatives from law enforcement, government agencies, education, and mental health providers. Table 6 shows how many participants attended the planning summits.

Table 7. Total Participants by Type of Planning Summit

Planning Summit	Total Participants
Children/ TAY System of Care	17
Adult/ Older Adult	11
MHSA Components	13
Total	**41**

Of those who participated in the planning process overall, 225 participants indicated their organizational affiliation. The following table depicts the number and percentage of each type of stakeholder group represented in the planning process. Most participants came from other affiliations, community-based providers, government agencies, and medical/ health care organizations.

Table 8: Number and Percent of Total Participants by Stakeholder Affiliation

Stakeholder Affiliation	Total Count	% of Total
Government Agency	31	14%
Community-based Provider	37	16%
Law Enforcement Agency	18	8%
Education Agency or Provider	16	7%
Social Services Agency	11	5%
Veterans Organization	5	2%
Provider of alcohol and drug services	18	8%
Provider of mental health services	9	4%
Medical or Health Care Organization	25	11%
Other Affiliation	56	25%
Total	**226**	**100%**

Participant

Demographic Data

Each community planning activity asked participants to complete an anonymous demographic form (included in Appendix 16). These forms asked participants to report their age, gender, race/ethnicity, and whether they identified as a consumer, family member, or service provider (participants could choose more than one status). Responses from the demographic forms are described below. Because demographic forms were optional for participants, some participants may not have submitted forms or may have declined to respond to certain questions.

Within each section below, demographic data is reflective of all planning activities (focus groups, survey, planning summits, and community report back meetings).

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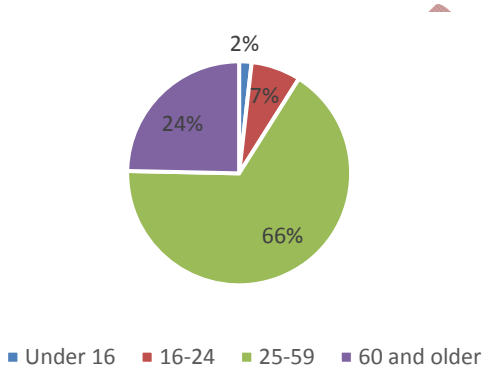
Participant Age Ranges

Participants were given the choice of selecting from four different age ranges corresponding to the MHSA categories of Children, Transition-Age Youth, Adults, and Older Adults. When looking at activity respondents, the largest proportion (66%) were adults ages 25-59 while youth and TAY were the least represented throughout the needs assessment process.

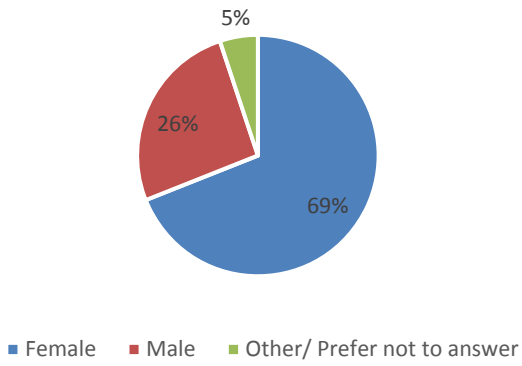
Figure 3: Percent of Stakeholder Participants by Age (n=223)



Participant Gender

Over two thirds (69%) of survey respondents identified as female, 26% identified as male, and 5% identified as other or preferred not to answer. Note gender identification at the community planning process is not reflective of the general demographics of the county as reported in the 2010 census.

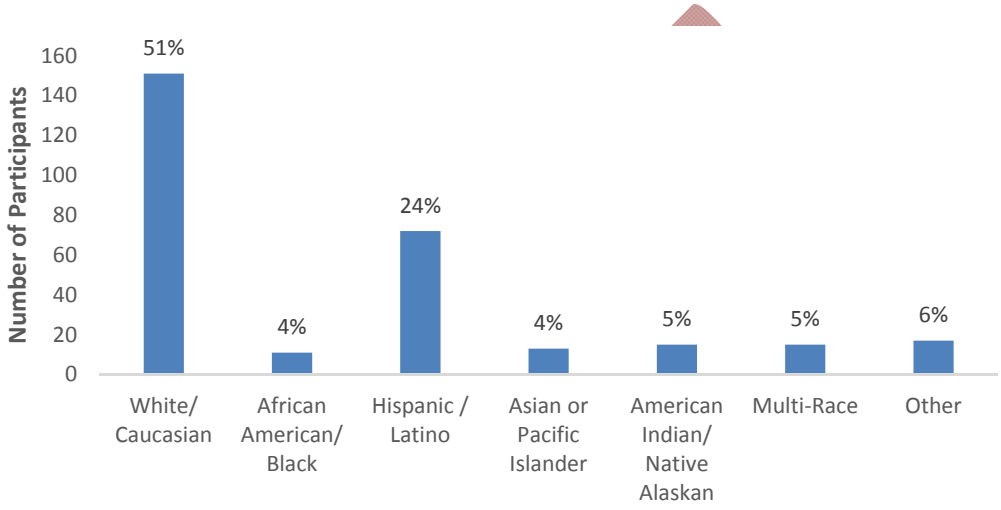
Figure 4: Percent of Participants by Gender (n=216)



Participant Race / Ethnicity

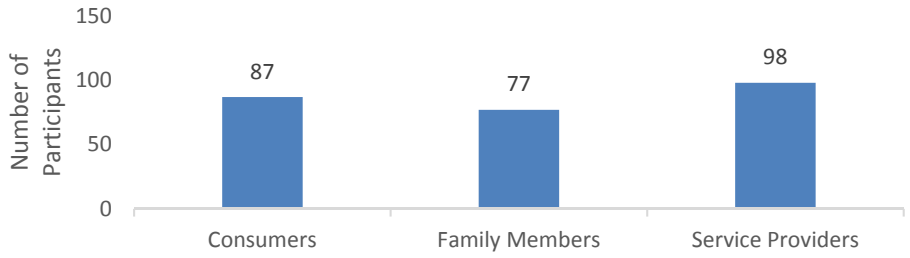
The following charts present data on all community activity participants by race/ethnicity.[3] As shown in the chart below, most survey respondents identified as White/Caucasian (n= 151) or Hispanic/Latino (n=72). As approximately one third of Yolo County's population is Hispanic/Latino, efforts were made to ensure the survey reached this population. Fifteen respondents identified as multi-race. Representing smaller population groups, eleven respondents identified as African American/Black, fifteen as American Indian/Native Alaskan, thirteen as Asian or Pacific Islander, and seventeen as another race.

Figure 5: Count of Participants by Race/Ethnicity (n=294)



When looking at the breakdown of participants in other activities by race/ethnicity, most participants identified as White/Caucasian (n=150). When looking at participation in all the community activities, service provider participation was more common, with 98 participants identifying as service providers, 87 as consumers, and 77 as family members.

Figure 6: Number of Other Activity Participants that identified as Consumers, Family Members, and Service Providers (n=209)



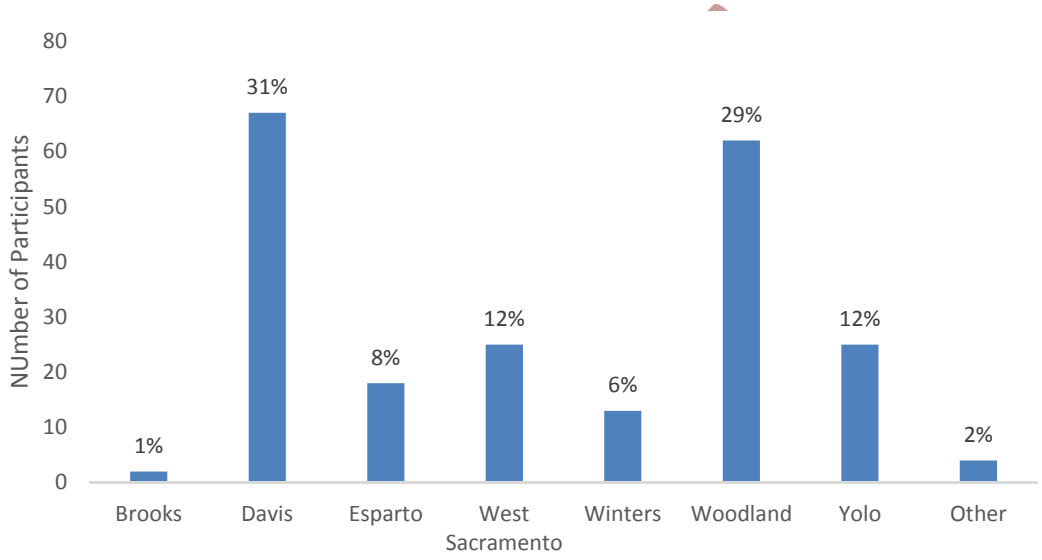
Participant Place of Residence

[3] There may be overlap between the categories as participants could mark as many options as applied.

Because of the diverse needs of populations in Yolo County's urban and rural areas, efforts were made to include participants representing the county's diverse geography.

Many of the participants came from Davis, making a third of the participants and another third came from Woodland. Rural areas were less represented in these activities; though special efforts were undertaken to include rural residents in focus groups.

Figure 7: Percent of Survey Participants by Reported Place of Residence (n=216)



III. Public Review Process and Hearing

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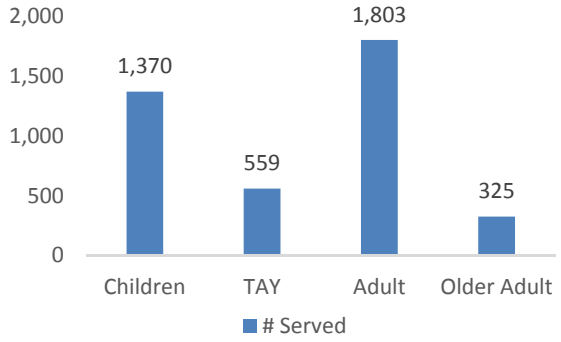
Community Needs Assessment

Needs Assessment Findings

Throughout the Community Planning Process, stakeholders received data about the current MHSA-funded system of care and provided input regarding community needs as well as suggestions for how Yolo might strengthen MHSA services for county residents. The community identified needs are organized below as 1) general, system-wide themes; 2) needs specifically relating to children and youth; 3) needs specifically relating to adults and older adults; 4) needs relating to programs serving consumers across the lifespan; 4) workforce education and training needs; and 5) capital facilities and technology needs. Comments on surveys, from focus group participants, and from community meeting participants regarding these impacts will be referenced throughout the needs assessment section.

General

Figure 8. Number of Persons served by MHSA Funds by Age Group



MHSA-funded programs served 4,513 people in FY 15/16. The majority of consumers were adults (1803 individuals), followed by children (1,370 individuals), transition age youth (559 individuals) and older adults (325 individuals).

Of all the persons who received services through MHSA, 55% of consumers received services through the Community Services and Supports (CSS) component, 38% by Prevention and Early Intervention (PEI), and 7% by Innovation[4].

Finding: There are barriers to initial service access related to knowledge of the mental health system and service locations as well as barriers to ongoing service participation, which include service locations and hours of operation, transportation, and housing

Initial Service Access

Consumers and family members discussed that it is still difficult to know where to access help when in need, and that the process can be confusing. While there are a variety of strategies already in place including 211, health navigators, and support groups provided by organizations such as NAMI, the breadth and depth of knowledge required to support service access combined with the changing service system

[4] CIP data is not included in the age and component figures.

makes remaining current in services challenging. Other professionals, such as law enforcement, health providers, and educators, who are likely to encounter someone with a mental health need also discussed the difficulties with trying to figure out where to refer someone and how to make the referral. While service access is an issue throughout the system, there are specific challenges within each system of care, discussed in proceeding sections.

Stakeholders had a wealth of ideas to promote knowledge of services, including 1) the development of a well-defined, clearly understood process of referral, screening, and assessment for the variety of services available throughout the county, 2) exploration of apps that identify services based on GPS location and need, and 3) use of multi-media communications that span traditional methods such as flyers and newspapers as well as electronic methods using apps, social media, and other online platforms.

Service Location and Hours

In the past three years, HHSA has made a concerted effort to expand services outside of Woodland and outside of normal business hours. There are expanded mental health services and hours provided at the West Sacramento location as well as mental health services co-located at the clinic in Winters. Additionally, HHSA has worked to develop the capacity to provide telemedicine for people in rural areas of the County with the intention of reducing the burden of transportation for people who live in outlying areas or where public transportation is limited. While in its early stages of implementation, the telemedicine program includes a case manager who can travel to an individual's home and use secure video conferencing for providers, including psychiatrists, who are located at one of HHSA's clinics.

Though availability has improved, throughout the community planning process stakeholders identified that physical service access is still an issue. The majority of services remain in Woodland, which also has the widest hours of availability.

> *It's difficult to get an appointment because I had to do an intake from Woodland. That's like a 2-hour bus ride.*
>
> *I've been in West Sac all my life and I was told if I wanted to get stuff I could just go to Woodland.*

Many consumers identified that additional services with accessible service hours, located in the communities where they live, would improve their access and participation and would help relieve isolation. Stakeholders felt efforts should continue to be focused outside Woodland, where they felt services were already most easily accessed.

Transportation and Housing

Stakeholders reported that transportation issues could make service participation and ongoing recovery difficult. Transportation was cited repeatedly as a primary barrier for consumers seeking or maintaining participation in services, but was a particularly salient barrier for older adults.

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Services around transportation have improved and some programs now offer transportation, which consumers highlighted as a benefit. However, utilization is limited either by staff availability or program constraints around how transportation services may be used (e.g., Peers may provide client transportation for Wellness Center activities and participation but not to appointments).

Various consumers reported that many services are not located near convenient public transportation, and that public transportation is often unpredictable with a direct impact on service access. Additionally, stakeholders reported current public transportation hours do not work well with workday hours. These issues, combined with work and family demands, often leads to missed or late arrival at appointments. Consumers and family members were frustrated that providers may not be understanding about these issues and would not be flexible if an appointment was missed or cut short due to a transportation problem.

> *Flexibility is difficulty because the bus leaves late and it's so unpredictable. There's nothing I can do if I'm 15 minutes late for an appointment.*
>
> *When we come late they tell us too late and come back. Like sorry, too bad.*

In general, consumers stressed the need for more reliable and efficient transportation for community residents to access services, and the need for the county to explore efforts to limit the burden of transportation shortfalls by providing field based services. Likewise, consumers were frustrated by the general lack of housing available in the county, and that the housing they could find was often far away from where they received their services. Stakeholders were clear that there was a need to better align service locations, housing, and transportation options so that consumers were able to better access services.

Finding: Collaboration between agencies, and between agencies and community members, could be strengthened to prevent consumers from "falling through the cracks."

Many consumers who receive public mental health services are also involved with other systems, including education, criminal justice, health care, veterans', and other social services. Over the past three years, HHSA became an integrated agency and strengthened partnerships with law enforcement, and the County established a more robust homeless continuum of services. While these integration efforts and collaborative processes have improved communication amongst agencies, there is still opportunity to strengthen collaboration at the individual consumer level as well as with the education system.

Stakeholders reported that they are often involved in several different types of services and agencies, and though they are each helpful, these services could benefit from improved communication with one another. Consumers are experiencing service gaps because formal, standard systems are not in place to address mental health and other needs simultaneously, such as homelessness or involvement in the criminal justice system.

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The homeless population are not getting services fast enough or in the right way. They don't want to do what they have to do to keep the services and they end up falling through the cracks.

Communication challenges between the criminal justice system and the mental health system was raised by multiple stakeholders as an area for improvement. One consumer relayed that he was deeply involved in both systems, but because communication between them was inconsistent, he was penalized for attending court dates by losing his psychiatric bed. In another case, a communications breakdown with the mental health court led to legal penalties when a consumer was placed in inpatient psychiatric care and missed a court date.

I learned that if a mentally ill person is in hospital and they are due for a court hearing, they will be brought back in chains waiting for a court date. They are always at risk of decompensating, getting too sick to function, and always at risk of losing their bed back at the hospital.

I stated I was a threat to myself and they sent me home. No communication between hospital and programs. I was in a bad state and I knew I shouldn't be home alone.

Stakeholders across all settings and consumer groups provided multiple examples of agencies and providers experiencing barriers in service delivery due to coordination challenges.

Finding: Improvements in crisis services over the last three years are a strong asset and could further impact the community with expanded hours and more proactive services.

Stakeholders agreed that the county's array of crisis services, including the Crisis Intervention Program (CIP), are a great asset to the community and have significantly improved over the previous plan period, resulting in meaningful positive changes in outcomes for consumers.

Stakeholders wished that CIP services, currently offered 40 hours per week in partnership with four law enforcement agencies (Woodland, Davis, West Sacramento, and Winters), could be made available 24/7.

Part of my concern is that they told me to call the police to bring a mental health provider with them but they say that they were working with another client. That has happened to me 3 times.

They also noted that the Crisis Residential Treatment (CRT) program, Safe Harbor, was a great alternative to hospitalization but that its utility was limited by only allowing admissions during normal business hours. The concern was that Emergency Departments had limited discharge options and whereas someone may have been able to discharge to the CRT during business hours, afterhours discharges for people who required a supervised setting may be more likely to be sent to an inpatient psychiatric hospital, which may also be in another county. Stakeholders suggested that after-hours admissions to Safe Harbor may prevent psychiatric hospitalization by providing a reasonable alternative thereby keeping Yolo County consumers at home and in the least restrictive setting available.

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I was going to take extra pills and they sent me home in crisis, with no follow-up. I went back to the center and had to call the police on myself. I went in to the hospital for 5 days… the police took me in handcuffs with no crisis intervention workers. This didn't have to happen.

Stakeholders also recognized the need to continue to move towards crisis prevention and early intervention. They expressed that consumers would benefit from more options for outreach before a crisis fully develops, and that there is space in the current system for an intermediate option available before an emergency has fully matured and 911 was required to ensure consumer safety.

We have baseline, we know there is a problem coming, we need proactive immediate response to support that person before we get to the bottom.

Stakeholders expressed that they would like to see more staff who are involved with mental health consumers be trained in crisis response, including all first responders (i.e. law enforcement, EMS, Emergency Departments, and Fire). They suggested that it may be helpful to expand CIT training to all first responders, which may also promote collaboration, as discussed in the preceding section.

Finding: The community needs more discharge, residential, and Board and Care options for all consumers, but especially for older adults.

Residential and Discharge Options

Community stakeholders expressed concern about the extremely limited residential and step-down options for adult and older adult consumers. Specifically, the lack of step-down and discharge options may contribute to longer hospital stays and out-of-county placements.

We can't pat ourselves for our attempts to reduce stigma if we send them elsewhere besides the community. We need to let them to recover in this setting.

This was of particular concern with the older adult population. Providers shared that more beds are needed at every level of care so that local consumers can remain in their own community. Without better options, older adults are experiencing longer hospital stays than their mental health requires, and the out of county placements are detrimental to their recovery due to separation from their communities and families. Though these challenges affect consumers of all ages, they are especially salient for older adults given the licensing regulations that disallow adults with certain medical conditions, common in older adults, from placement in mental health facilities. Further, health care facilities are generally reticent to take consumers with mental health challenges as they may not have the mental health knowledge and/or capacity to treat both needs.

Board and Care Capacity

Stakeholders discussed the need to expand Board and Care options for all consumers in order to effectively serve them. Stakeholders expressed that due to the housing shortage there were very few options for housing in general, and that supported housing and independent living options are severely

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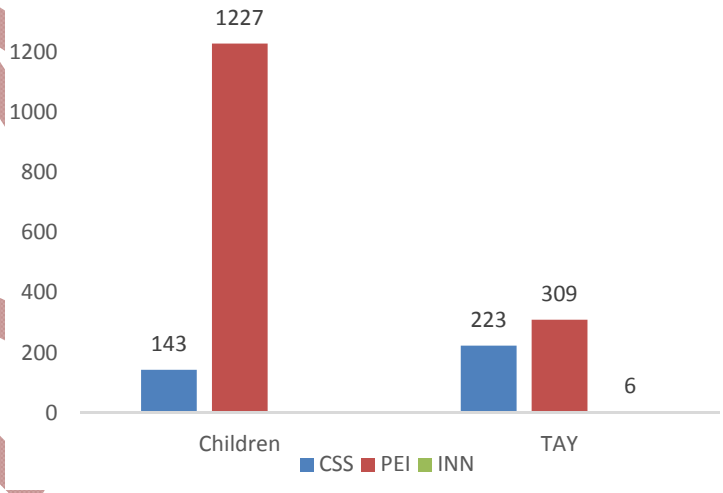
limited. Arguably most impactful, there are very few Board and Care facilities in Yolo County, and this bed shortage disproportionately impacts those with the highest level of need.

The challenge around Board and Care facilities results in consumers with fewer needs being selected for admission to these facilities over consumers with greater needs. These higher need consumers are being placed in facilities outside the county, causing consumers to lose access to family and other local support systems. Stakeholders highlighted the need to build capacity for Board and Cares to serve high need consumers and suggested providing Board and Care operators with targeted training and incentives.

Children, Youth and Transition-Aged Youth

During the 2013-2017 MHSA plan period, Yolo County provided a variety of MHSA-funded programs and services for children and youth aged 0 – 15 and transition-aged youth 16 – 25. MHSA-funded programs served a total of 1908 children and youth of whom 72% were under 16 and 28% were 16 – 25 years old.

Figure 9. Children and TAY Served by MHSA Component



Community Services & Supports (CSS), comprising 80% of MHSA funding, provide direct services and outreach to address existing, serious mental health issues. Services split by age between Children's Mental Health Services (serving youth 0 - 15) and Pathways to Independence, Transition-Age Youth (serving youth and young adults aged 16 - 25). In both age groups, services are divided between three areas of service: 1) Full Service Partnerships (FSPs), which are required to comprise at least 51% of CSS funds and provide support to consumers who need the highest level of mental health care; 2) System Development (SD), which serves those consumers who do not require the intensity of services at the FSP level, but still require treatment and supportive services, and 3) Outreach and Engagement, the least intensive level of service, intended to connect consumers who are entering or needing to enter services to the appropriate level of care. Of the 143 children receiving CSS-funded services, 10 experienced 14 hospitalizations, which is approximately 6 children who were hospitalized once and 4 children who were hospitalized twice, all with an average length of stay of 9 days. For the 223 transition age youth who received CSS services, 18 were hospitalized 32 times, which is an average of twice per youth, with an average length of stay of 11 days.

Prevention & Early Intervention (PEI) services promote wellness and prevent the development of mental health problems, including screening for early signs. In Yolo County, PEI-funded direct services include the Urban Children's Resiliency Program and the Rural Children's Resiliency Project. The Urban Children's

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Resiliency Program was designed specifically to address the needs of Yolo's children living in urban areas, and assists youth experiencing emotional difficulties, engaging in high risk behaviors, or both. The program provides 1) individual, school-based, brief therapy, 2) resiliency programming, and 3) education for children, youth, their families, and school staff about mental health. The Rural Children's Resiliency Project addresses parallel needs in Yolo's rural areas, focusing on building life skills and personal resiliency and promoting general mental health. This program uses a mentorship model in which high school students receive coaching and positive youth development activities and provide mentorship to elementary and middle school students.

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Table 9. Children and Youth MHSA-Funded Systems of Care

Program (component)	Ages Served	Description	Provider	# Served
Children's Mental Health Services (CSS)	0-15	Full Service Partnership (FSP): Services for children with the highest level of mental health need.	Turning Point	21[5]
		System Development (SD): Selective services for severely mentally ill consumers.	HHSA	3
		Outreach and Engagement: Strategy to help identify and connect children and families in need of services.	HHSA	119
Pathways to Independence, Transition-Age Youth (CSS)	16-25	Full Service Partnership (FSP): Services for TAY children with the highest level of mental health need.	HHSA/ Turning Point	19
		System Development (SD): Services for TAY with a mild to moderate mental health need.	HHSA	39
		Outreach and Engagement: Strategy to help identify and connect TAY and families in need of services.	HHSA	165
Urban Children's Resiliency (PEI)	0-15, 16-25	Program for children and youth experiencing emotional difficulties and/or high risk behaviors.	Victor Community Support Services	1,509[6]
Rural Children's Resiliency (PEI)	0-15, 16-25	Program to enhance life skills, build resiliency, and promote mental wellness.	R.I.S.E.	231

[5] The program capacity is 25.
[6] This includes number of children and youth who received direct services and does not include people who attended an educational presentation.

Finding: There is no clear process to screen, assess, and refer children to the appropriate level of service.

Stakeholders noted that when a child demonstrates a mental health need, they are not always clear on where and how to refer them to services. This challenge was especially acute for children, because of their involvement with the educational system and the multiple service options available.

Many children with mental health needs are identified through the school system. However, there are a variety of funding sources that could provide mental health services, all of which have their own eligibility and service guidelines. This includes:

- Education related mental health services (ERMS) to be provided by schools to address mental health challenges that may interfere with educational attainment
- PEI-funded services to prevent the development of mental health problems
- Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services provided under Medi-Cal for children who meet medical necessity for "severe emotional disturbance"
- Partnership Health Plan funded services for children with Medi-Cal and a mild to moderate mental health need
- Other private insurance for children who don't receive Medi-Cal

Given the complexity of the mental health services and funding for school-age children and youth, it is difficult for providers, educators, and other professionals to determine where and how to refer children for help once a need has been identified.

> *Some of the services I am familiar with, but now we are not quite too sure where to go. There's layers. I think that's been a little bit confusing, who do you go to first?*
>
> *I would fix what services are offered and how to access them in an easy way, so I don't have to wait for training to learn about that.*

In addition to lack of clarity around referral, screening, and assessment, mental health providers and stakeholders have noted inaccessibility to mental health services due to a delay in response to referrals or treatment. Stakeholders expressed how behavioral health referrals for children require an extended amount of time to process, discouraging parents from following through with the referral process. Additionally, stakeholders have expressed a need to improve identification and diagnosis of children with mental health services at school sites.

> *For me, because I work with kids, I would like to see the referral process for a child I believe has a need improve. There is such a long wait for it to be processed and parents get tired and leave because they know they are not going to get anything.*

A variety of stakeholder groups shared the belief that there are not enough high-acuity mental health services for children, but utilization data for MHSA programs show that not all services at this level are at

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capacity. Given the difficulties discussed above, this perception likely relates more to challenges around referrals and the referral process than it does to lack of services themselves.

Knowledge deficits around available services hinders linkages to appropriate services in general, but the need for a consolidated resource guide and system mapping is vital for navigation of services between agencies of all types, including community, education, and health. Additionally, stakeholders claim that the difficulties with communication between youth-serving organizations, including educational agencies, the county, and mental health service providers, contributes to silos of services for students at school sites.

Finding: Children and youth need specific services to address bullying, cyberbullying, anxiety, and depression, while their parents need stronger educational, navigational, and supportive services.

Stakeholders identified school and online bullying as a major contributor to isolation, self-esteem, confidence, and mental health issues.

> *On the internet, yeah, you can delete what they said but you can't delete it from your mind once you see it. You can't delete the feelings.*

> *A lot of people need help with self-esteem and confidence. Coping with anxiety and depression. Schools are big on bullying with rumors and gossip. Seeing how much bullying effects the community would help decrease it.*

Stakeholders felt that there needed to be community-based methods of how to address bullying, and that awareness campaigns and school staff and student education programs around identification and reporting of bullying were missing. Further, though bullying was a particular concern for high-school aged youth, educators discussed the need to establish a safe environment throughout all school levels and at all sites, beginning in the earlier stages of education.

Parent education and skill sets were also recognized as a common barrier to children and youth's mental health. Stakeholders discussed how stigma and parents' lack of education regarding mental health conditions themselves is prominent and prevents children from receiving proper services. Educating parents especially those with school-aged children and training parents how to engage with their children with mental health needs was discussed as a need in order to promote prevention and early intervention.

Additionally, MHSA stakeholders and education providers discussed the challenge of parent navigation through the mental health system landscape as a barrier to services. Parents/caregivers and education providers noted how the lack of awareness of services and processes hinders their ability to connect children/youth to necessary services. Stakeholders noted that parents needed support groups as well as education and support of mental health and mental health services.

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Finding: Transition aged youth have low service utilization due to stigma, privacy concerns, and limited communication methods, which contributes to a sense of isolation.

Service Utilization

Figure 9. Children and TAY Served by MHSA Component, illustrates the disparity in service utilization between children and transition age youth. Nearly three quarters of the children and youth served by MHSA funds were children, while only just over one quarter were transition aged youth. In focus groups, TAY identified that they were reluctant to engage in services because they were concerned about privacy, bullying and gossip when engaging at school, and stigma when engaging in clinic-based services.

TAY indicated that though they did have multiple concerns around mental health and wellness and wished that there were alternative ways to engage in needed services. TAY expressed that services currently available to them were 1) primarily in-person and on the phone, and 2) provided in ways that created concerns around privacy and discretion. For example, youth discussed reticence to participate in school-based services because a therapist may come to the classroom to call you for your appointment. Youth also discussed concerns that their information may be discussed in hallways or open areas, and they didn't trust that what they shared would be handled with discretion. Additionally, youth discussed that they would preferred a wider range of options that better aligned with how they communicate in other settings, e.g., social media, texting, and other electronic outlets in addition to the traditional model.

Social Isolation

Youth reported feelings of isolation and specifically discussed the need to have more recovery-focused activities and TAY-dedicated space. As youth described their mental health needs, they recognized the importance of being around other youth who are struggling with similar issues and the need to participate in productive activities.

> *I know there are several clients that were not the happiest when the TAY program got dropped. It really upset a lot of people. They have come to me and vented to me that it just dropped. They don't do well with change. If it could be reinstated that would be beneficial.*

Additionally, stakeholders across several focus groups reported the need for a social and mental health support group and expanded wellness center options for youth and TAY as a means to establish safe spaces especially for LGBT youth and TAY in the community.

Adult and Older Adult

During the 2013-2017 MHSA plan period, Yolo County MHSA-funded programs served 2016 adults and older adults of whom 84% were 25 – 59 and 16% were over 60 years old.

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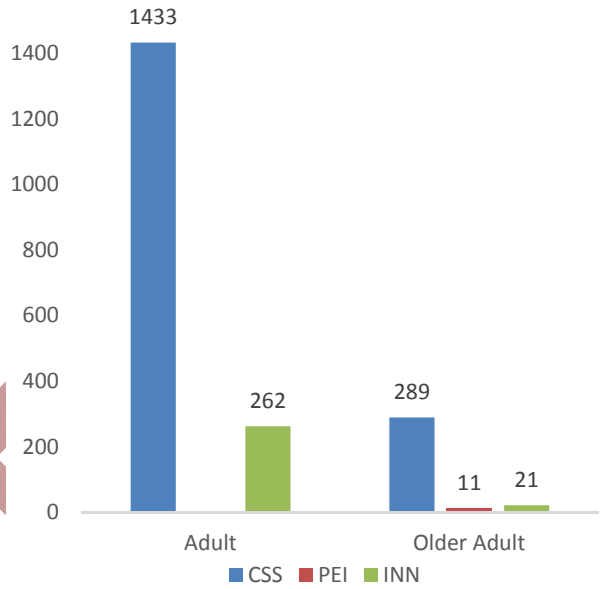
The adult and older adult CSS system of care provides three levels of service divided into Adult Wellness Alternatives, serving ages 25 – 59, and Older Adult Outreach and Assessment, serving ages 60 and older. Both programs feature 1) Full Service Partnerships for consumers with the highest levels of need, 2) System Development for consumers with a less intense level of need, and 3) Outreach and Engagement as means to identify and connect consumers with the appropriate level of care as they enter the mental health system. For the 1433 adults receiving CSS-funded services, 47 experienced 134 hospitalizations, which is between two and three hospitalizations per person with an average length of stay of 17 days. For the 289 older adults who received CSS services, eight were hospitalized 21 times, which is a similar percentage of consumers hospitalized and average rate of hospitalization as adults, but with an average length of stay of 29 days, almost twice as long as the adults.

Figure 10. Adults and Older Adults served by Component



Current PEI programming for adults and older adults in Yolo County responded to the needs identified during the previous Three Year Plan and resulted in the Senior Peer Counselor Volunteers Wellness Project. This program provides peer support for adults aged 60 and older who are at risk for losing their independence or are otherwise isolated.

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Table 10. MHSA-funded Adult and Older Adult Systems of Care

Program (component)	Ages Served	Description	Provider	# Served
Adult Wellness Alternatives (CSS)	25-59	Full Service Partnership (FSP): Services for adults and older adults with the highest level of mental health need.	HHSA/Turning Point	105
		System Development (SD): Services for adult and older adults with a less intensive level of need.	HHSA	242
		Outreach and Engagement: Strategy to help identify adult and older consumers in need of services.	HHSA	1,018
Older Adult Outreach and Assessment (CSS)	60 +	Full Service Partnership (FSP): Services for older adults with the highest level of mental health need.	HHSA	27
		System Development (SD): Services for older adults with a mild to moderate mental health need.	HHSA	97
		Outreach and Engagement: Strategy to help identify and connect older adults to services.	HHSA	165
Wellness Project: Senior Peer Counselor Volunteers (PEI)	60+	Peer support for older adults at risk of losing their independence.	Citizens Who Care	11

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Finding: Service access, particularly for people who are involved with multiple systems or are experiencing multiple episodes of crisis, incarceration, and homelessness, is especially challenging.

Stakeholders reported that understanding what services are available and how to access them is still hard, regardless of location. Consumers and professionals both expressed a desire to deepen their understanding of service availability and access points throughout the county, so that they could learn

more about what services were appropriate, where to access resources to investigate, or whom to contact to make a referral.

> *I am a little confused as to where to find a home or program for these people. Those that don't have an income and are living shelter to shelter. But they need to expand these programs. I am not even living it and I don't know where to go.*

Stakeholders across a broad range of consumer groups echoed these sentiments, especially with regard to consumers who were engaged in multiple systems alongside mental health, such as criminal justice. They also discussed a need for improved community outreach regarding available services especially for isolated minority community members. These consumers were especially prone to being unable to access services due to lack of knowledge around community offerings.

Finding: There is a group of adult consumers who experience a repetitive cycle of jail, hospital, and homelessness who are not able or willing to engage in outpatient mental health services.

Consumers expressed a need for services to be coordinated in a diversity of settings, instead of having to go to a clinic location regardless of their personal circumstances.

> *The people who provide services should come to us. So much easier for one person to come to the shelter, than for all the people who need the service to some other spot, because we don't have transportation, bus tickets, rides… we need more transportation options. It's easier to plan when you have a month to figure it out, but it is hard to do when you have to figure it out immediately.*

Stakeholders expressed that being released back into the community without connecting to services from jail, the hospital, or other institutional placements is challenging, and that they would welcome a setting in which they could smooth their transition. Stakeholders further explored the dynamics of people transition between jail, hospital, and homelessness. In the last three year planning cycle, the need to improve crisis services was a predominant need, which was addressed through the development of the CIP program as well as through interagency collaboration with law enforcement. While these improvements have been successful at the moment of crisis, the gap in services now occurs at the moment of transitioning from crisis and/or jail into ongoing mental health services that are likely to prevent the need for additional crisis and/or jail placement.

Stakeholders discussed the reasons behind this gap, acknowledging that the majority of high intensity mental health services for this population are provided at county clinics and that this group may be 1) reticent to access county services, and 2) mental health services may not be their most pressing need as there may also be a need for income, identification, housing, etc. As such, stakeholders explored ideas that would place higher intensity mental health services in community-based locations that would provide a less "clinical" setting, offer other needed services such as housing support and benefits assistance, and remove the complexity of accessing mental health services by considering "drop-in" services and removing the need to schedule, remember, and keep a specific appointment time.

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Finding: Adults and Older Adults would benefit from stronger recovery supports to reduce isolation and provide more opportunities for meaningful community involvement.

Adult and older adult consumers reported not having a place to gather to develop peer-support networks and feeling isolated, especially during nights and weekends. Consumers reported that they needed stronger supports to develop these relationships and to reduce isolation, particularly for older adults.

Additionally, stakeholders noted that consumers would benefit from additional meaningful activities in their lives, including vocational and educational opportunities as well as services for co-occurring disorders. Adult stakeholders noted that there are not enough opportunities for employment or vocational training for consumers. Often, employment opportunities available to consumers are limited in their scope or growth potential.

> *If there were job trainings, people would love that. They don't all want to be janitors and farmers.*

> *We have had a few clients that were hired as janitors but they end up quitting. They don't want to do it anymore because it's not exciting.*

Consumers requested support to develop self-advocacy skills and expressed interest in developing opportunities to tell their story to the community, expanding their opportunities while simultaneously reducing stigma around mental health issues.

Finding: Families and caretakers would benefit from additional help to care for their loved ones though support groups, respite, and additional consumer daytime activities.

Family members and caretakers expressed that they needed additional support and services to help them care for their family members and loved ones. These stakeholders shared that they did not feel adequately trained to handle issues that arise in their caretaking role, and asked for more general and specific training. They expressed that whether they qualify for trainings that are available can be confusing, and that they would appreciate having a mentor or single point of contact who can provide them guidance when needed.

> *We need training for family. The ACT team now has family meetings and someone from Yolo County told me I could attend, but when I got there and they said no. We have support groups from NAMI but what about family members dealing with loved ones?*

Family members and caretakers also expressed a need for respite and substitute caretaking, both as a break from their duties but also as a way to complete day-to-day activities more simply, such as grocery shopping.

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Programs Across the Lifespan and Community Education

Programs Across the Lifespan

Provided by local agencies, the programs across the lifespan are intended to support mental health consumers in a variety of settings and personal situations and span CSS, PEI, and INN.

CSS programs consist of Access to Care for Homeless and Indigent (ACHIP) and Free to Choose. ACHIP provides support to mental health consumers who have inadequate or no insurance and may be homeless, recently discharged from the hospital, or released from jail. Free to Choose is a harm-reduction program that supports individuals with co-occurring disorders to make safer choices. These services are for consumers age 18 and over.

The Early Signs Crisis Intervention Program (SB82) is the only PEI program that spans all age groups. This service recognizes that consumers are in frequent contact with law enforcement, and seeks to alleviate some of the challenges that arise as a result of this by partnering clinicians with law enforcement responding to calls for assistance. This program serves all ages.

INN programs were developed to address specific needs in Yolo County, and consist of Community Outreach Rural Engagement CORE/CREO and Housing Now. CORE/CREO has been highly successful in providing integrated services to the Latino community, the most recent data representing a 32% increase in penetration rate over the previous year. Housing Now, which addresses consumer housing needs to reduce homelessness, served 34 households during the most recent fiscal year. Both of these services are for consumers age 18 and over.

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Table 11. MHSA-funded Programs Across the Lifespan

Program Name	Ages Served	Description	Provider	# Served
Access to Care for Homeless and Indigent (ACHIP) (CSS)	18 +	System Development and Outreach and Engagement: Services and outreach support for individuals who are uninsured/underinsured, homelessness, and/or have recently been released from the hospital or jail.	YCCC	52
Free to Choose (CSS)	18 +	System Development (SD): Harm reduction services for consumers with co-occurring disorders.	Turning Point	68
Housing Now (INN)	18 +	Provides housing resource coordination and assistance to individuals with mental health issues to reduce homelessness, focused on housing identification, maintenance, and eviction prevention.	YCCC	52
Community Outreach Rural Engagement CORE/CREO (INN)	18 +	Provides integrated behavioral health services for Latino/Hispanic residents with mental health, health, and/or substance use issues utilizing a promotores model.	Communicare	719
Early Signs Crisis Intervention Program (SB82) (PEI)	All ages	Program partners mental health clinicians with law enforcement agencies to support individuals experiencing mental health crisis receive appropriate care.	Turning Point	456

Community Education

The Yolo County community education programs were developed in an attempt to reduce stigma in the community. The Early Signs Project: Crisis Intervention Team (CIT) training is an evidence based model to support law enforcement officers to best respond to people with mental health problems. CIT provides education on identifying the early stages of mental illness or deterioration from stability, and supports trainees to learn how to respond appropriately to the issues and needs they are observing. Training and Assistance, also an Early Signs Project program, provides other evidence based training and educational programs to community members across stakeholder groups and in response to specific identified needs, including ASIST, Safe Talk, and Mental Health First Aid. Urban Children's Resiliency is the final community education program, delivering on-site mental health education to adult serving youth (e.g. parents, teachers, other school staff).

Table 12. Community Education Programs

Program Name	Description	Provider	# Served
Early Signs Project: Crisis Intervention Team (CIT) Training	Educational training for law enforcement on signs and symptoms of mental illness and coaching on how to respond appropriately.	Disability Response, Inc. (Michael Summers)	91
Early Signs Project: Training and Assistance	Evidence-based Training from certified instructors to providers, community, and/or caregivers.	HHSA	387
Urban Children's Resiliency: Community and Group Education	On-site educational training for youth, families, teachers, and staff on how to manage and address mental/emotional health concerns.	Victor Community Support Services	5,236

Workforce Education and Training

Overview

The Workforce Education and Training component of the MHSA consists of programs that improve the skills and abilities of the mental health workforce and professionals in related fields. The Yolo County system currently consists of the Student Loan Repayment and Tuition Reimbursement Program, Mental Health Professional Development, Intern Therapy for Older Adults, and Psychiatric Residency Program Development. Mental Health Professional Development provides Yolo HHSA staff, providers, and others in the community training and professional development on evidence-based practices, co-occurring disorders, e-Learning, and cultural competence. It consists of staff trainings, e-learning, and cultural competence/mental health resources.

Intern Therapy for Older Adults is a paid internship program for pre-degree Master's level trainees and pre-Doctoral level psychology student interns with older adult clients in the community. Intern therapists provide services specific to the needs of the older adult population.

The Psychiatric Residency Program is currently in the collaborative development stage with UC Davis, with the intention of Yolo County serving as a training site for Davis psychiatric residents, thus increasing the number of available doctors to serve Yolo consumers.

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Finding: The definition of cultural competency should be expanded beyond training programs and a more inclusive, intersectional, and culturally responsive county-wide service model developed.

A major theme emerged around cultural competency. Cultural competency questions, issues and needs were brought up in nearly every focus group and interview, across all types of stakeholder groups and lived experiences.

Many interviewees and focus group participants expressed that while many training programs do have components that address cultural competency in general as well as regarding services for specific populations, there is a need to improve service delivery by broadening the definition of cultural competency. All staff need to expand their investment in cultural competency beyond trainings and clinical skill building by building a depth of understanding, personal awareness, and comprehension around their own lived experiences, the impacts that these have on their relationships with consumers, and ultimately how to effectively use this consciousness to improve the services they provide.

Stakeholders emphasized that while not all staff needed to be experts in providing services to every cultural group, they did need to increase their cultural responsiveness by emphasizing intersectional skill building for all staff, as well as developing specific expertise among a specialized provider group that establishes the capacity not only for specialized treatment, but also for professional consultation opportunities.

> *It's not that no one is competent. But most people will have to admit that they are not equipped. We start with who is willing to dig deep enough to figure out who will deliver the service. There's a lot there.*

Stakeholders were explicit in delineating between having an accepting workforce and having a culturally competent workforce that was able to serve consumers with varying cultural identities. Though it is important that the workforce be accepting and welcoming, it is equally important for professionals to be aware of their capabilities and limitations, as part of building true cultural competency.

> *I think it's important that the agency let the providers know that this is a queer friendly space, but also people need to have competence because you will actually do more harm than good if you don't.*

Beyond individual relationships with providers, stakeholders identified that they would benefit from a formal adoption of a county-wide cultural competency model that utilizes more group, family, and community-level interventions addressing issues of their culture-specific needs and context, and that it would facilitate community building to offer these in culturally-specific service locations. This type of system-wide service model change would allow for services to address need on a community, family, and individual level simultaneously, a particular benefit for cultural groups who may be experiencing social isolation. This was a specially highlighted need regarding the LGBT+, TAY, and Latino communities, all of whom expressed the desire to have spaces that were safe and appropriate to participate in traditional

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services as well as to build stronger community ties through general programming, family, and group work.

Finding: The LGBT+ community would benefit from culturally specific services and programming to demographically identify the population, develop workforce expertise, and address stigma and discrimination.

Stakeholders emphasized that the need to more deeply address culturally competent practices is especially salient in the LGBT+ community. Stakeholders identified that there is currently no formalized system for demographically identifying LGBT+ consumers, which leads to a knowledge gap on the behalf of the service provider that risks missing an opportunity to provide culturally responsive services to consumers. Without having the skills or a formalized mechanism to ask a consumer about their sexual orientation and gender identity, consumers report that many providers are missing an opportunity to address LGBT+ issues.

> *We should have a basic training on how to ask people if they are queer identifying and how to address people from different cultures.*
>
> *One of the biggest problems is that we don't know who we are. We don't know who is and who isn't LGBT+. We need to identity the individuals who need these services.*

Focus group participants built on the idea that there were no formalized methods of LGBT+ identification in the county by sharing that there is also no good way to determine when a professional was both willing and able to address LGBT+ issues.

> *We as an agency do not have a way to identify LGBT+ consumers and even if we did, we don't know what to do with them. We don't know who on our staff is best equipped to handle it.*

LGBT+ stakeholders made clear that even if a consumer is identified as LGBT+, while most service providers were well-intentioned, they lacked both specific knowledge around sexual or gender identity issues and the knowledge and skills to address these with competence.

> *We need general training for all, and special training for a couple of experts to provide specialized care.*

Stakeholders identified that though there is a general need for a higher level of cultural competency amongst all professionals, there is also a need for specialists and local experts to provide treatment to consumers as well as supervision and guidance to other professionals. Though stakeholders recognized the positive intent of many providers, they identified that specific training and skill building is still required to help the workforce gain the expertise they need to provide culturally competent services to consumers, and to be able to identify when they needed more professional support.

> *You must seek supervision when you are assigned a trans womyn of color, for example. There needs to be supervision.*

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Providing appropriate and culturally competent services is more involved than being trained on issues common to LGBT+ consumers. Stakeholders raised intersectionality, multiple cultural identities, as a particular issue affecting this population, because the LGBT+ population itself is not homogenous and represents a wide range of different issues and characteristics. One focus group participant identified that when there were two issues occurring simultaneously, such as a consumer with a serious mental illness alongside a gender identity question, there were no local providers who were competent to address these together.

> *You can't be "competent in LGBT+ issues," especially if you weave in intersectionality; we aren't all the same.*

Finally, stakeholders expressed concern about the level of phobia and stigma around the LGBT+ population in the county, and expressed that the key to fully addressing mental health in this population is to address the stigma.

> *In Yolo County, the phobia is palpable. If we are going to work on prevention, some type of anti-stigma campaign, we have to change the environment.*

Regardless of population, stakeholders expressed needs for the cultural competency model with increased awareness of cultural differences in intersectionality amongst all staff and providers, development of specific expertise among a smaller provider group, and for careful support, consultation, and supervision amongst county providers to provide culturally aware and welcoming services to all consumers. Critically, stakeholders emphasized that there was room for significant improvement around LGBT+ stigma in the community and among providers, and that addressing and reducing stigma is critical to the health of LGBT+ consumers.

Finding: At all levels and in all roles, Yolo County should prioritize its commitment to a culturally diverse workforce.

HHSA should continue to develop ways to increase staff diversity, including bilingual and bicultural staff. Many interviewees and focus group participants expressed a need to increase workforce diversity, including bilingual and bicultural workers.

> *When it comes to the cultural piece, being able to see someone who shares your language, it's a different level of service and a lot of times, they say that the clinic has interpreters but it's not the same.*

Though bilingual staff and services are available in many contexts, there are some notable gaps. As illustrated by the focus group participant above, interpretation services do not provide the same level of service as working with a provider who speaks the language of the consumer or shares their culture. Stakeholders were clear that it is not sufficient to have bilingual staff, but that bicultural staff are needed for consumers to receive the best possible services.

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We need criteria to determine which case managers and providers are good working with specific populations. There is a lack of training and lack of supervision.

This need was especially salient for the Russian population, who indicated that though they were satisfied with their services, the lack of Russian providers was a barrier to getting the best possible services.

Stakeholders were also clear that racial and ethnic diversity was not the only measure of cultural diversity they valued. Stakeholders emphasized that one of the first steps to reducing stigma for all minority populations was visibility in the workforce, and that LGBT+ youth and adult consumers alike would benefit from increased visibility for the LGBT+ workforce.

Finding: To further build on their successes and accomplishments, the Peer Workforce needs support to maximize the impact of their roles and to develop themselves professionally.

The role of and number of Peer Support Workers expanded as part of the 2014 – 2017 Yolo County MHSA Three-Year Plan. All stakeholders agree that peer support staff are a significant asset that has made a marked difference in the lives of consumers, as well as improved understanding about consumer experiences among non-peer staff and clinicians. The peers themselves indicate that they enjoy the work and find it personally fulfilling. Peer Support Workers have been well integrated into their current roles with strong HHSA support for the development of their positions. In order to further capitalize and expand upon the benefits and successes that peers have brought to MHSA services, stakeholders identified that there is a need for more paid peer staff throughout the system as well as an opportunity to strengthen employment practices for people in peer positions.

Peers consistently reported a desire to expand their roles and responsibilities, as well as to formalize and organize some of their current processes. Given that peer positions are recently expanded and still developing in their definition and scope, there is an opportunity to improve peer employment processes and career pathways while simultaneously addressing stigma and bias issues that arise from having peers as staff members. To facilitate their development, Peer Support Workers expressed a need for more structured initial orientation/training, ongoing professional development opportunities, and a desire for full-time, on-site supervision. Finally, Peer Support Workers are eager to expand their knowledgebase into evidence-based practices with consumers, and to address community and staff stigma directly in their professional roles.

Capital Facilities and Technological Needs

Capital Facilities and Technology Needs are the physical and technological structures that underpin the MHSA service system. They provide the physical and electronic forums to provide MHSA-funded services to consumers. In Yolo County, the current capital facilities system consists of the Woodland and West Sacramento Wellness Centers, and the technology system consists of the Telepsychiatry Program and Electronic Health Records upgrades.

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Finding: Standardized data collection methods and standards need to be established in order to effectively track program utilization and effectiveness.

In every discussion throughout the CPP process, there was a resounding request for process and outcome data, including from consumers, family members, providers, HHSA staff, and the Board of Supervisors. While HHSA has made improvements with implementing the Results Based Accountability System, it continues to be difficult to measure what's been accomplished as a result of MHSA investments. Additionally, there are new regulations governing PEI and INN expenditures that will require additional reporting on the demographics of people being served as well as program outcomes. HHSA has reported that the current electronic health record does not yet capture all of the required fields and does not yet have the analytic capacity to generate outcomes as defined. Furthermore, most PEI and INN programs do not enter data into the electronic health record and may require a separate data collection and/or reporting mechanism to be in compliance with the new regulations. As such, the CFTN plan includes upgrades to electronic record systems in order to capture necessary data and include the analytic capacity to report on outcomes.

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MHSA Three-Year Program Plan

Children's System of Care (0-15)

The planned Children's System of Care responds to the needs of the community by attempting to **create a more seamless process by which children are screened, identified, and linked to the appropriate level of care.** The planned modifications increase support to access and link children to care while removing clinical programs that can be funded by other sources, including public and private insurance.

Access and Linkage Programs (PEI)

Program Name:	**Early Childhood Mental Health Access and Linkage Program**			
Status:	☒New	☐Continuing	☐ Modification	
Target Population:	☒Children Ages 0 –5	☐Transitional Age Youth Ages 16 – 25	☐Adult Ages 26 – 59	☐Older Adult Ages 60+

Program Description

The Early Childhood Mental Health Program Access and Linkage program provides universal screenings to parents and their children ages 0-5 to identify young children who are either at risk of or beginning to develop mental health problems that are likely to impact their healthy development. The ECMH Access and Linkage program will then connect children and their families to services that would either prevent or intervene early to address mental health problems impacting healthy development.

The ECMH Access and Linkage program will provide screening, identification, and referral services for children 0 - 5 in the community setting to: 1) provide prompt identification and intervention for potential issues; and 2) provide timely access and coordination for services to address existing issues at appropriate service intensity. Children and youth will be linked to the most suitable service, regardless of funding source or service setting (e.g., county funded, ESPDT, or school).

The purpose of this program is to address the need identified during the CPP process for a simplified method of assessment and referral of children to the services that they need. Stakeholders identified that due to the multitude of programs available and the different admission criteria for each, children and youth were not always linked appropriately. This new program seeks to bridge this gap by placing a referral and access specialist in community settings to serve children 0 - 5.

Key activities of the Early Childhood Mental Health Program Access and Linkage program will support outcomes around preventing the development of mental health challenges in children and improved linkages to mental health services by:

- Providing assessment and referrals for children 0 - 5 and their families in community settings.
- Addressing service access challenges when they are identified.
- Maintaining an up-to-date list of available programs and services across a range of funding sources.
- Maintaining relationships with available programs and services in order to smoothly facilitate linkages.

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• Performing outreach to community to raise awareness of the program's purpose and services.

Goals and Objectives	
Goal 1:	The Early Childhood Mental Health Program Access and Linkage program aims to connect children to the appropriate prevention or mental health treatment service.
Goal 2:	To expand and augment mental health services to enhance service access, delivery and recovery.
Objective 1:	Prevent the development of mental health challenges through early identification.
Objective 2:	Address existing mental health challenges promptly with assessment and referral to the most effective service.
Objective 3:	Strengthen access to community services for children and their families.

Total Proposed Budget Amount:	**$675,000**	**Proposed Budget Amount FY 17 - 18:**	**$225,000**

Program Name:	**School-Based Access and Linkage Program**			
Status:	☒New	☐Continuing	☐ Modification	
Target Population:	☒ Children/Transitional Age Youth Ages 6 – 18		☐Adult Ages 26 – 59	☐Older Adult Ages 60+

Program Description

The School-based Access and Linkage program will place clinical staff at schools to provide universal screening, assessment, and referral to treatment for children and youth aged 6-18. Similar to the Early Childhood Mental Health Access and Linkage program, the School-based Access and Linkage program will help identify youth who need mental health services and provide linkages and warm-hand offs.

This program shifts the focus for MHSA-funded clinical staff from providing brief treatment in the schools to understanding a child's needs and linking the child and their family to the appropriate level of mental health service. (The previously funded school-based brief mental health treatment is covered service for children if medically necessary and may continue through the EPSDT, Partnership Health Plan, and other insurance programs.)

The School-based Access and Linkage program will provide screening, identification, and referral services for and 6 – 18 in a school-based setting to: 1) provide prompt identification and intervention for potential issues; and 2) provide timely access and coordination for services to address existing issues at appropriate service intensity. Children and youth will be linked to the most suitable service, regardless of funding source or service setting (e.g., county funded, ESPDT, or school).

The purpose of this program is to address the need identified during the CPP process for a simplified method of assessment and referral of children to the services that they need. Stakeholders identified that due to the multitude of programs available and the different admission criteria for each, children and youth were not always linked appropriately. The School-Based Access and Linkage program seeks to bridge this gap by placing a referral and access specialist in schools to provide linkage for older children and youth 6 – 18.

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The School-Based Access and Linkage program will not provide clinical services, but will link children, youth, and their families to services that help manage and address mental/emotional health concerns when necessary. Program staff will assess the child and when appropriate their family in order to provide the most appropriate linkages. Wellness Teams will also meet monthly to review current participants and refer new youth, including school administrators, counselors, teachers, and staff.

Key activities of The School-Based Access and Linkage program will support outcomes around preventing the development of mental health challenges in children of all ages and improved linkages to mental health services by:

- Providing assessment and referrals for children 6 - 18 and their families in school settings.
- Addressing service access challenges when they are identified.
- Maintaining an up-to-date list of available programs and services across a range of funding sources.
- Maintaining relationships with available programs and services in order to smoothly facilitate linkages.
- Performing outreach to community to raise awareness of the program's purpose and services.

Goals and Objectives	
Goal 1 :	The School-Based Access and Linkage program aims to connect children and youth the appropriate prevention or mental health treatment service in both rural and urban settings.
Goal 2:	To expand and augment mental health services to enhance service access, delivery and recovery.
Objective 1:	Prevent the development of mental health challenges through early identification.
Objective 2:	Address existing mental health challenges promptly with assessment and referral to the most effective service.
Objective 3:	Strengthen access to community services for children, youth, and their families.

Urban Districts Total Proposed Budget Amount:	**$600,000**	**Proposed Budget Amount FY 17 - 18:**	**$200,000**
Rural Districts Total Proposed Budget Amount:	**$360,000**	**Proposed Budget Amount FY 17 - 18:**	**$120,000**

Prevention Programs (PEI)

Program Name:	**Mentorship/Strengths-Building Program**			
Status:	☒New	☐Continuing	☐ Modification	
Target Population:	☒Children Ages 0 – 15	☐Transitional Age Youth Ages 16 – 25	☐Adult Ages 26 – 59	☐Older Adult Ages 60+

Program Description

The Mentorship/Strengths-Building Program provides evidence-based, culturally responsive services and offers promising practices in outreach and engagement for at-risk children and youth that build their resiliency and help to mitigate and/or support their mental health experiences. As designed, the Mentorship/Strengths-Building Program is intended to serve three functions, 1) provide school and

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community based education programs about children's mental health and relevant children's mental health issues to children, youth, and child-serving agencies, 2) provide school and/or community based prevention groups for school-age children, and 3) provide after-school mentorship to children and youth.

This program derived from an identified community need to expand the reach of mental health services outside of the typical service setting, as well as provide interventions that are likely to reduce the stigma associated with receiving mental health services. This program also intends to address the need to target services in rural areas and in the Latino community.

Some programs will operate in local schools, which will aid teachers and school administrators in developing their skills to recognize when children and youth may need to be assessed for mental health treatment needs. The Mentorship/Strengths-Building Program does not provide clinical services, but will provide linkages when necessary. Additionally, this program focuses on teaching children ways to promote their own well-being and resiliency, and provides youth-serving professionals with continuing education programming to support resiliency among youth.

In all settings, the program will outreach to and work within the community instead of requiring children and youth to come to a centralized office for services; services will be 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 underserved populations increased access to mental wellness activities and service referrals to HHSA.

Key activities of the Mentorship/Strengths-Building Program will support outcomes around improved mental health wellness, personal social and community stability, and connection to other services by:

- Supporting children and youth to increase their skills in anger management, self-esteem, relationship building, and cognitive life skills.
- Promoting pro-social activities, including outdoor activities.
- Maintaining a mentoring program for youth.
- Facilitating focused groups for children experiencing specific issues or in particular circumstances, e.g., divorce, high-risk and troubled youth at alternative high school settings, girls in their early teens, and anger management.
- Offering resiliency-focused coaching and career counseling.
- Providing drug education programs.
- Supporting parents to learn strengths-based parenting skills.
- Offering 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.
- Coaching older youth to learn alternative coping strategies to adapt to life challenges including goal setting and skills for problem solving.
- Promoting involvement of community agencies, organizations, and businesses to implement programs that engage underserved youth in organized, creative activities.
- Targeting outreach and engagement toward youth who have been involved with the criminal justice and juvenile justice systems.

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• Assisting 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.

Goals and Objectives			
Goal 1:	The Mentorship/Strengths-Building Program aims to engage underserved youth in creative activities that build their resiliency and help to mitigate and/or support their mental health experiences in both rural and urban settings.		
Goal 2:	To expand and augment mental health services to enhance service access, delivery and recovery.		
Objective 1:	Provide evidence based curricula to support the development of socially appropriate skills and behaviors.		
Objective 2:	Strengthen children and youth relationships with peers and supportive adults.		
Objective 3:	Support the development of appropriate coping and problem-solving skills.		
Urban Districts Total Proposed Budget Amount:	**$750,000**	**Proposed Budget Amount FY 17 - 18:**	**$250,000**
Rural Districts Total Proposed Budget Amount:	**$450,000**	**Proposed Budget Amount FY 17 - 18:**	**$150,000**

Community Services and Supports (CSS)

Program Name:	**Children's Mental Health Services**			
Status:	☐New	☒Continuing	☐Modification	
Priority Population:	☒Children Ages 0 – 17	☐Transitional Age Youth Ages 16 – 25	☐Adult Ages 26 – 59	☐Older Adult Ages 60+

Program Description

The Children's Mental Health Program provides a comprehensive blend of outreach and engagement, systems development, and full service partnership services for children with severe emotional disturbance who meet medical necessity for county mental health services.

This program specifically provides case management, and individual and family services to Yolo County children up to age 17 with unmet or under-met mental health treatment needs. Additionally, the CMS program emphasizes services to school-age children who are Latino and/or are English learners, which are delivered by a bilingual-bicultural clinician. 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 experience poverty.

This program is provided by Yolo County HHSA with a FSP program contracted out to Turning Point Community Programs. During the needs assessment, stakeholders identified delays in assessment and referrals to the Turning Point FSP program, which serves children with the most intense mental health needs. As such, the current plan modifies Children's Mental Health Services to co-locate and integrate a clinician from Turning Point's FSP program with the HHSA Children, Youth, and Family Team, allowing them to identify, refer, and provide services to youth requiring this higher level of service. The expected

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outcome of this modification is to strengthen referral processes, which ideally would allow for children to receive timely services and return to the community/home when hospitalized.

Key activities of Children's Mental Health Services will support children and youth to improve their psychosocial wellbeing, reduce mental-health related hospitalizations, reduce involvement with the criminal justice system, reduce homelessness, and improve functioning in the family and at school by:

- Conducting outreach and engagement services to identify children and families who are in need of mental health services that are culturally relevant and gender responsive.
- Providing intensive support services to children classified as Full Service Partners and their families, including individual and family therapy.
- Providing community based service provision available at the child or youth's home, schools, primary care clinics, and community programs.
- Delivering mobile services, including assessment, treatment, and Telepsychiatry, to reach children and their families who cannot access Yolo HHSA in Woodland or other services as a result of barriers to access (rural, transportation difficulties, etc.) or other disabilities.
- Providing navigation and linkages to families in need of resources in the community for mental health services through a Family Partner.
- Collaborating 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.
- Coordinating 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.
- Mentoring youth and children.
- Operating a 24-hour crisis phone line and refer to crisis services and supports.
- Providing 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.
- Educating 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.
- Providing integrated physical and mental health services, which includes co-location and/or collaboration with primary care clinics or other health care sites and providers.
- Providing transportation to children, youth, and their families to mental health appointments at Yolo HHSA.
- Referring and linking clients to other community-based providers for other needed social services and primary care.

Goals and Objectives	
Goal 1:	Children's Mental Health Services aim to provide Full Service Partnership, System Development, and Outreach and Engagement services to all children up to age 17 in Yolo County who are experiencing serious emotional difficulties.
Goal 2:	To expand and augment mental health services to enhance service access, delivery and recovery.
Objective 1:	Increase the level of participation and involvement of ethnically diverse families in all aspects of the public mental health system.

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Objective 2:	Reduce ethnic and cultural disparities in accessibility, availability and appropriateness of mental health services to more adequately reflect mental health prevalence estimates.
Objective 3:	Increase the array of community supports for children and youth diagnosed with serious emotional disturbance and their families.
Objective 4:	Improve success in school and at home, and reduce institutionalization and out of home placements.

Total Proposed Budget Amount:	**$1,785,000**	**Proposed Budget Amount FY 17 - 18:**	**$595,000**

TAY System of Care (16-25)

The proposed TAY System of Care responds to the needs of the community by **creating community-based location(s) with multiple levels of care**. The community envisions TAY-dedicated space that includes outreach and engagement, early intervention, and stigma discrimination reduction (SDR) services.

Prevention Programs (PEI)

TAY Wellness Center Services

Program Name:	**TAY Wellness Center Services**			
Status:	☒New	☐Continuing	☐ Modification	
Target Population:	☐Children Ages 0 – 15	☒Transitional Age Youth Ages 16 – 25	☐Adult Ages 26– 59	☐Older Adult Ages 60+

Program Description

Currently, the County provides limited TAY Wellness Center hours in Woodland and West Sacramento for TAY who are enrolled in CSS programs (SD and FSP). Additionally, the County is currently in the process of remodeling a facility in Davis to provide TAY wellness center services for youth with mental health challenges, regardless of their enrollment in a CSS or core mental health program. The Wellness Center is intended to provide socialization and activity-based services for TAY who are either at-risk of, beginning to, or currently experiencing mental health problems with the goal of promoting recovery, resiliency, and connection to mental health services for those who need it. Other MHSA-funded services or staff may be co-located (e.g., TAY Speaker's Bureau, Early Intervention Program, Pathways to Independence).

The TAY Wellness Center services will provide access to multiple levels of care in a youth-welcoming environment. In centralized locations, TAY Wellness Center services will focus on improving access and engagement with mental health services while providing a safe space for youth and transitional aged youth. The centers will serve as a support for young people who are entering the mental health system and to navigate the service system.

Additionally, TAY Wellness Center activities will be youth-dedicated and focus on addressing the unique needs of the youth and transitional aged youth population in Yolo County. The youth-friendly centers will provide multiple levels of mental health services from one-on-one services to severe mental illness interventions. Additionally, TAY Wellness Center services will provide community-building,

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socialization, and academic activities that promote wellness, recovery, and resiliency among this population. This includes recreational sport activities, mentoring services, college preparedness workshops, and group counseling.

Throughout the CPP, youth and TAY reported feelings of isolation, stigma, and a lack of a safe space to socialize and develop peer-support networks. They also reported not knowing where to go if they are seeking mental health services and a need for alternative methods of wellness and mental health services. In response, Yolo County HHSA is developing TAY wellness center days and hours dedicated specifically for this population as a supportive environment for TAY to hang out, access resources, and find community. TAY Wellness Center services aim to decrease the disparity gap in service utilization between children and transition age youth by delivering services for their unique needs and concerns.

TAY Wellness Center services will provide opportunities for early intervention and alternative mental health services for youth and transitional aged youth. This population will receive support through mental health services, peer-network development activities, and socialization based activities.

Key activities of the youth/TAY Wellness Center services will support outcomes around improving mental health wellness, social connectivity, and service utilization by:

- Providing age appropriate mental health services.
- Provide recovery-based activities.
- Providing opportunities for consumers to socialize and learn alongside peers.
- Promoting pro-social activities, including creative or artistic expression as related to self-care.
- Providing resources and information on skills for coping mechanisms.
- Provide education and information about mental health and available services.

Goals and Objectives			
Goal 1:	Provide a youth/ TAY meeting space focused on resiliency, socialization, peer-support, and mental health programs and services.		
Objective 1:	Provide rehabilitative wellness programs, services, group support, and age-appropriate socialization activities at a Wellness Center		
Objective 2:	Increase number of TAY accessing and participating in mental health services.		
Total Proposed Budget Amount:	**$850,000**	**Proposed Budget Amount FY 17 - 18:**	**$280,000**

Early Intervention Programs (PEI)

Early Intervention Program

Program Name:	**Early Intervention Program**			
Status:	☒New	☐Continuing	☐ Modification	
Target Population:	☐Children Ages 0 – 15	☒Transitional Age Youth Ages 16 – 25	☐Adult Ages 26 – 59	☐Older Adult Ages 60+
Program Description				

Most serious mental health problems (i.e., schizophrenia, bipolar disorder, major depression) are most likely to present in late adolescence and/or early adulthood. New PEI regulations require that counties develop an early intervention program for youth who are beginning to show signs or symptoms of a serious mental illness. UC Davis and EDAPT Clinic have developed a program for youth experiencing a

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first episode of psychosis and have committed to serving Yolo County residents who meet their eligibility criteria; this program is not MHSA-funded.

For youth who do not meet eligibility criteria for the EDAPT Clinic, the Early Intervention program is focused primarily on youth developing mood disorders (i.e., bipolar and major depressive disorders). This program will include a variety of clinical and other supportive services at home, clinic, and community based settings and provide evidence based interventions to address emerging symptoms and to support the youth to stay on track developmentally.

Services provided will address and promote recovery and related outcomes for a mental illness early in emergence, and include services and support to parents and other supports.

Key activities of the Early Intervention program will support outcomes around interrupting or mitigating early signs of mental illness by:

- Providing age appropriate mental health services in the community, clinic, and at home.
- Provide clinical interventions to mitigate early onsite of mental health issues.
- Promoting pro-social activities, including creative or artistic expression as related to self-care.

Goals and Objectives	
Goal 1:	Provide early intervention services for youth that are beginning to develop a mood or anxiety-related serious mental illness.
Goal 2:	To expand and augment mental health services to enhance service access, delivery and recovery.
Objective 1:	Support young adults to stay on track developmentally and emotionally.
Objective 2:	Mitigate the negative impacts that may result from an untreated mental illness.

Total Proposed Budget Amount:	**$540,000**	**Proposed Budget Amount FY 17 - 18:**	**$180,000**

Stigma and Discrimination Reduction Program (PEI)

TAY Speaker's Bureau

Program Name:	**TAY Speaker's Bureau**			
Status:	☒New	☐Continuing	☐ Modification	
Target Population:	☐Children Ages 0 – 15	☒Transitional Age Youth Ages 16 – 25	☐Adult Ages 26 – 59	☐Older Adult Ages 60+

Program Description

The TAY Speaker's Bureau aims to reduce the stigma and discrimination associated with having a mental health issue, by replacing harmful misconceptions with stories of mental health recovery and resiliency. This program will develop a group of TAY with diverse backgrounds, interests, talents, and aspirations, who have lived experience of mental health as well as perspectives on how to build and maintain wellness in their lives.

The TAY Speaker's Bureau will include leadership from Yolo County's Peer Workforce to ensure the work is peer-led and recovery and resiliency based, which is a demonstrated best practice.

TAY Speaker's Bureau members will receive monthly training as well as stipends for developing their stories, public speaking practice, and community presentations. These youth and young adults will

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participate in speaking engagements to share their personal experiences with mental health to educate and inspire their communities.

TAY will speak in various settings and to various stakeholders such as education, law enforcement, faith-based communities, mental health providers, and peers. All speaking engagements will include targeted messaging around public, structural, and self-stigma and strategies to better support those living with mental health issues. Audience members will also have the opportunity to participate in a question and answer period with TAY to further support stigma reduction activities.

This program will support outcomes around reducing stigma and discrimination by building the community capacity through education and first-hand experiences by:

- Providing TAY with monthly public speaking training and personal story development.
- Training and educating TAY about stigma and discrimination and supporting them to incorporate targeted messages in to their community presentations.
- Hosting activities that support relationship building and trust at the TAY Wellness Center.
- Supporting TAY in their own recovery in resiliency by compensating them for presentations.
- Conducting pre/post stigma reduction surveys at community presentations to measure change.

Goals and Objectives			
Goal:	Reduce the stigma and discrimination associated with having a mental health issues, by replacing misconceptions with stories of recovery.		
Objective 1:	Educate community members on the experience of mental health for TAY to better serve and/or support them.		
Objective 2:	Reduce stigma and discrimination thereby increasing access to services for children and youth who otherwise may not seek help.		
Objective 3:	Build TAY's resiliency and recovery through these leadership opportunities.		
Total Proposed Budget Amount:	**$75,000**	**Proposed Budget Amount FY 17 - 18:**	**$25,000**

Community Services and Supports

Pathways to Independence

Program Name:	**Pathways to Independence**			
Status:	☐New		☒Continuing	
Priority Population:	☐Children Ages 0 – 15	☒Transitional Age Youth Ages 16 – 25	☐Adult Ages 26 – 59	☐Older Adult Ages 60+
Program Description				
The Pathways to Independence Program provides outreach and engagement, systems development, and full service partnership services for youth ages 16-25 with severe emotional disturbance and/or serious mental illness who meet medical necessity for county mental health services. This program is provided by Yolo County HHSA. This includes youth experiencing homelessness or serious risk for homelessness, emancipating from the foster care system or juvenile hall, involved with or at risk of				

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involvement with the criminal or juvenile justice system, or experiencing a first episode of serious mental illness.

This program will continue to addresses the needs identified through this year and prior year's needs assessment, that include access to case management and psychiatry as well as a continuum of services across the County. In previous years, this program provided services through a TAY Wellness Center. Through the CPP process, stakeholders, and specifically young people, identified the need to separate TAY Wellness Center services from adult services. HHSA will evaluate the feasibility of Wellness Center services throughout the county to determine the most appropriate site(s) for the services. As part of the CPP process, stakeholders also identified a need for increased support for young people who are entering the mental health system and to navigate the service system.

Pathways to Independence conducts the following key activities:

- Provide intensive support services and case management to TAY identified as Full Service Partners, including individual therapy and other collateral support, when needed.
- Develop 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.
- Provide seamless linkages between the children/youth mental health system and the adult mental health system as appropriate.
- Provide medication management services and nursing support.
- Provide 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.
- Assist youth with location appropriate affordable housing in the community, including permanent affordable housing with combined supports for independent living.
- Provide life skills development to promote healthy independent living.
- Assist TAY with developing employment related readiness skills and with seeking employment.
- Support TAY to graduate high school and pursue college or vocational school.
- Provide referrals and navigation support for substance abuse treatment services, when needed.
- Provide rehabilitative wellness programs, services, group support, and age-appropriate socialization activities at Wellness Centers in Yolo County.
- Transport TAY clients to and from appointments or the Wellness Centers and support in helping TAY obtain a driver's license when appropriate.
- Provide services to support families of youth during this period.
- Educate 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.
- Provide navigation and linkages to TAY in need of resources in the County or community for mental health services through a Peer Navigator/ Outreach Specialist.
- Refer and link clients to other community-based providers for other needed social services and primary care.
- Deliver mobile services, including assessment, treatment, and Telepsychiatry, to reach TAY who cannot access Yolo ADMH in Woodland or other services as a result of barriers to access (rural, transportation difficulties, etc.) or other disabilities.

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Goals and Objectives			
Goal 1:	Pathways to Independence aims to provide Full Service Partnership, System Development, and Outreach and Engagement services to youth ages 16-24 in Yolo County who are experiencing serious mental illness while transitioning to adulthood.		
Goal 2:	To expand and augment mental health services to enhance service access, delivery and recovery.		
Objective 1:	Reduce ethnic and cultural disparities in accessibility, availability and appropriateness of mental health services and to more adequately reflect mental health prevalence estimates.		
Objective 2:	Support successful transition from the foster care and juvenile justice systems.		
Total Proposed Budget Amount:	**$1,785,000**	**Proposed Budget Amount FY 17 - 18:**	**$595,000**

Adult System of Care

The proposed changes to the adult system of care responds to the community needs to **bridge the gap between crisis services and existing specialty mental health services**. The primary changes are intended to address the needs of those who are in and out of hospitals, jails, and emergency departments but are unable or unwilling to access ongoing mental health services.

Adult Wellness Alternatives (CSS)

Program Name:	**Adult Wellness Alternatives**			
Status:	☐New	☒Continuing	☐ Modification	
Target Population:	☐Children Ages 0 – 15	☐Transitional Age Youth Ages 16 – 25	☒Adult Ages 26 – 59	☐Older Adult Ages 60+
Program Description				

The Adult Wellness Alternatives Program provides systems development, full service partnership, outreach and engagement services for adults with serious mental illness who meet medical necessity for county mental health services. This program serves Yolo County Adults ages 26 – 59 who are unlikely to maintain health/recovery and maximal independence in the absence of ongoing intensive services. The primary focus is to meet the mental health treatment needs of un-served, under-served, and inappropriately served adults in Yolo county with the highest level of mental health needs.

Program features include opportunities to access housing, self-help programs, employment supports, family involvement, substance abuse treatment, assistance with criminal court proceedings, and crisis stabilization assistance, thereby offering several alternatives to support the individual consumer's prospects for wellness and recovery. Services at all levels are delivered mainly in the Wellness Centers, where consumers can gather and access an array of consumer-driven services and social/recreational programming.

FSP includes a generalized program and two specialized programs, Assertive Community Treatment (ACT) and Assisted Outpatient Treatment (AOT). Assertive Community Treatment serves FSP consumers

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at the highest level of need with strong fidelity to the evidence-based ACT model, while Assisted Outpatient Treatment, also referred to as Laura's Law, serves court-mandated consumers who are unable to accept voluntary treatment and are at continued risk of harm. Both specialized programs are delivered by Turning Point, a community organization, while all other Adult Wellness Alternatives programs are delivered by HHSA.

Through Yolo County's Wellness Centers programming, consumers have the opportunity to engage in culturally competent consumer education, vocational skills, life-skills development, socialization, wellness, and recovery. Wellness Centers provide strong access to case management, psychiatry, and the continuum of services across the County.

Key activities of Adult Wellness Alternatives will support outcomes around improved mental health wellness, personal social and community stability, and connection to other services by:

- Conducting strengths-based integrated assessments that comprehensively examine mental health, social, physical health and substance abuse trauma, focusing on consumer/family member engagement.
- Providing intensive support services and case management to homeless and impoverished adults identified as Full Service Partners, including individual therapy and collateral support where needed.
- Providing Assertive Community Treatment (ACT) for consumers at the highest level of need who have experienced repeated hospitalizations and/or have a history of placement in an Institute for Mental Disease (IMD).
- Providing Assisted Outpatient Treatment (AOT) to court-mandated consumers unable to accept voluntary treatment and are at continued risk of harm.
- Providing medication management services and nursing support.
- Providing adults with appropriate benefits assistance, including Social Security Disability Insurance or Supplemental Security Income, Medi-Cal or Medicare applications, as well as referrals to advocacy services.
- Conducting outreach services to persons who are homeless or at risk of homelessness with persistent and non-threatening outreach and engagement services.
- Assisting homeless adults and adults without stable housing by locating appropriate, safe, and affordable housing in the community.
- Providing referrals and navigation support for substance abuse treatment services, when needed.
- Providing opportunities for consumers to socialize and learn alongside consumers from neighboring counties.
- Providing supportive living services to maintain housing.
- Promoting self-care and healthy nutrition.
- Assisting interested adults to find employment and volunteer experiences to enhance their integration in the community.
- Promoting pro-social activities, including creative or artistic expression as related to self-care.
- Transporting adult consumers to and from appointments or the Wellness Centers.
- Operating a 24-hour crisis phone line and referring to crisis services and supports.
- Providing resources and information on skills for daily living.

- Providing programs, services, group support, and socialization activities at the Wellness Centers.
- Providing navigation and linkages to adults in need of resources in the County or community for mental health services through a Peer Support Specialist or Outreach Specialist.
- Referring and linking consumers to other community-based providers for other social services and primary care.
- Delivering mobile services, including assessment, treatment, and Telepsychiatry, to reach adults who cannot access Yolo HHSA or other services as a result of barriers to access (rural, transportation difficulties, etc.) or other disabilities.

Goals and Objectives	
Goal 1:	The Adult Wellness Alternatives program aims to meet the mental health treatment needs of un-served, under-served, and inappropriately served adults in Yolo county with serious mental illness who may be experiencing homelessness or be at risk for homelessness, have criminal justice system involvement, have a co-occurring substance abuse disorder, or have a history of frequent use of hospital and emergency room utilization.
Goal 2:	To expand and augment mental health services to enhance service access, delivery and recovery.
Objective 1:	Provide treatment and care that promote wellness, recovery, and independent living.
Objective 2:	Reduce the impact of living with serious mental illness (i.e. homelessness, incarceration, isolation).
Objective 3:	Promote the development of life skills and opportunities for meaningful daily activities.

Total Proposed Budget Amount:	**$9,600,000**	**Proposed Budget Amount FY 17 - 18:**	**$ 3,200,000**

Community Based Drop-In Navigation Centers (CSS)

Program Name:	**Community Based Drop in Navigation Centers**			
Status:	☒New	☐Continuing	☐ Modification	
Target Population:	☐Children Ages 0 – 15	☐Transitional Age Youth Ages 16 – 25	☒Adult Ages 26– 59	☒Older Adult Ages 60+

Program Description

The Community Based Drop-In Navigation Centers are intended to provide a community-based location where adults who are at risk of incarceration, hospitalization, and/or homelessness, and who are not yet connecting to county mental health services, can drop in to receive a variety of behavioral health and social services.

The Community Based Drop in Navigation Centers will serve Yolo County Adults ages 18 and older. The Centers will provide a central location and staff to support three types of consumers: 1) those with mental health conditions who are not currently accessing services, 2) those who have been recently released from jail, hospitals, or other institutions and are not currently accessing services, or 3) those consumers whose mental health may be currently well managed and stable, but who are experiencing instability due to underlying challenges with basic needs such as housing, food, or employment.

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The purpose of the Community Based Drop in Navigation Centers is to reach consumers who a) are at risk of developing a mental health crisis but who may not be willing or able to engage in more formalized services in a clinical setting, and b) desire additional support in a flexible, non-clinical setting. Services at the Community Based Drop in Navigation Centers will provide a wide array of options for assisting consumers with any level of service engagement, focused on but not exclusive to those recently leaving jail, hospital, or other institutional setting.

The Community Based Drop in Navigation Centers addresses two main issues identified during the CPP process: 1) Increased support for adults who are exiting institutional care without formalized community or mental health supports to assist them in community integration; and 2) for a resource to provide services to consumers who, though engaged with mental health services, are at risk of developing a crisis and require additional support.

Staff will provide a wide range of services, assisting consumers with short-term needs by providing snacks, telephone access and laundry facilities, as well as more in-depth services such as assessment and linkage to mental health services, activity or psychosocial/educational groups, assistance with housing or public benefit applications, and individualized psychosocial case management utilizing motivational interviewing practices based on the Stages of Change model.

Key activities of Community Based Drop in Navigation Centers will support outcomes around overall wellness, mental health stability, housing access and stability, and connection to other services by:

- Ensuring a seamless system of mental health engagement, assessment, treatment, and navigation, especially for those individuals who may not otherwise receive treatment through Yolo County's Wellness Alternatives for Adult Consumers program.
- Conducting strengths-based, consumer-driven, motivational interviews to support consumers to meet their personal goals and maintain strong mental health.
- Providing support services and Stages of Change-based case management, including service linkages when desired and appropriate.
- Partnering with clients to secure benefits for which the person may be eligible including SSI or other financial and income assistance programs as well Medi-Cal and Medicare.
- Addressing the gap in housing awareness and accessibility by providing coordination of housing openings in Yolo County for consumers, improving access to the identified available openings and increasing retention of housing once it is obtained.
- Providing referrals and navigation support for substance abuse treatment services, when needed.
- Providing opportunities for consumers to socialize together.
- Promoting pro-social activities, including creative or artistic expression as related to self-care.
- Promoting self-care and healthy nutrition.
- Assisting adults to find employment and volunteer experiences to enhance their integration in the community.
- Transporting adult consumers to and from initial appointments associated with their psychosocial rehabilitation.
- Referring to crisis services and supports.
- Providing resources and information on skills for daily living.

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• Providing programs, services, group support, and socialization activities at the Community Based Drop in Navigation Centers. • Referring and linking consumers to other community-based providers for general services, social services, and primary care.

Goals and Objectives	
Goal 1:	The Community Based Drop in Navigation Centers provide support to consumers who may not yet be ready to engage in more intensive, clinic-based mental health services, with the goal of preventing mental health crises and/or connecting consumers to services when and if they desire them.
Goal 2:	To expand and augment mental health services to enhance service access, delivery and recovery.
Objective 1:	Provide supportive, flexible, consumer-driven services to all consumers at their preferred level of engagement.
Objective 2:	Assist consumers at risk of developing a mental health crisis to identify and access the supports they need to maintain their mental health.
Objective 3:	Reduce the impact of living with mental health challenges through the provision of basic needs.
Objective 4:	Increase access to and service connectedness of adults experiencing mental health problems.

Total Proposed Budget Amount	**$2,311,500**	**Proposed Budget Amount FY 17 - 18:**	**$770,500**

Peer and Family Led Support Services (CSS)

Program Name:	**Peer and Family Led Support Services**			
Status:	☒New	☐Continuing	☐ Modification	
Target Population:	☐Children Ages 0 – 15	☐Transitional Age Youth Ages 16 – 25	☒Adult Ages 26 – 59	☐Older Adult Ages 60+

Program Description

Peer and Family Led Support Services include the development and provision of psycho-education and other support groups intended to assist peers and families to 1) increase understanding of the signs and symptoms of mental health, 2) promote awareness of mental health resources and develop ways to support and advocate for an individual or loved one to access needed services, and 3) receive support to cope with the impact of mental health for an individual or within the family.

Services in this program are exclusively led by peers and family members, and are provided outside of clinics and throughout the community as appropriate to best serve consumers and families. This program seeks to expand on the need expressed during the CPP process for more peer-led and family led community based support programs. It capitalizes on the success of the Peer Support Workers and the Parent Partner Program, both extremely successful programs staffed exclusively by peers, and expands these peer successes to family-to-family services as well.

The family member service will feature an evidence-based psychoeducational curriculum delivered by family members of consumers to family members of consumers. The curriculum will cover knowledge and skills that family needs to know about these mental illnesses, as well as how best to support their

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loved one in their recovery. The peer program will feature an evidence-based psychoeducational curriculum delivered by consumers and for consumers. The curriculum will further include information about medications and related issues, evidence-based treatments that promote recovery and prevention, strategies for avoiding crisis or relapse, improving understanding of lived experience, problem solving, listening, and communication techniques, coping with worry, stress, and emotional flooding, supporting your caregiver, and connections to local services and advocacy initiatives.

Key activities of Peer and Family Led Support Services will support outcomes around improved mental health wellness, family stability, and psychoeducation by:

- Providing a safe, collaborative space for consumers and family members to share experiences.
- Providing accurate, up-to-date information about mental illnesses and evidence-based treatments.
- Providing an environment conducive to self-disclosure and the dismissal of judgement, both for self and others.
- Providing services where they are appropriate and needed, including but not limited to community centers, Wellness Centers, libraries, adult-education locations, inpatient hospitals, and Board and Care facilities.
- Facilitating groups in a supportive way that models appropriate prosocial behavior.
- Providing one-on-one support when appropriate.
- Making referrals to other services as appropriate.

Goals and Objectives	
Goal 1:	The Peer and Family Led Support Services program aims to provide family and consumer-led support services and psychoeducation to caregivers and consumers.
Goal 2:	To expand and augment mental health services to enhance service access, delivery and recovery.
Objective 1:	Provide community-building activities for consumers and their families.
Objective 2:	Develop knowledge base for consumers and their families.
Objective 3:	Develop self- advocacy skills for family members and peers.

Total Proposed Budget Amount:	**$300,000**	**Proposed Budget Amount FY 17 - 18:**	**$100,000**

Integrated Behavioral Health Services for Latino Community and Families (PEI)

Program Name:	**Integrated Behavioral Health Services for Latino Community and Families**			
Status:	☒New	☐Continuing	☐ Modification	
Target Population:	☐Children Ages 0 – 15	☐Transitional Age Youth Ages 16 – 25	☒Adult Ages 26 – 59	☐Older Adult Ages 60+

Program Description

The Integrated Behavioral Health Services for the Latino Community Families program will provide culturally responsive services to Yolo County Latino/Hispanic residents with health issues, mental health illnesses, and/or substance use issues. The program will serve the entire Latino community as well as provide targeted outreach effort to Latino men/heads of household.

The program seeks to develop relationships between providers and not only consumers, but also their supports, families, and community. When applicable, services are provided in coordination with a consumer's other providers, and always provide referrals to other appropriate services when needed.

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The Integrated Behavioral Health Services for the Latino Community Families program addresses several needs: 1) integrated behavioral health services that decrease the cost to the county and providers for uninsured individuals; 2) reducing mental health hospitalizations for patients receiving services; 3) increasing the quality of life and independence for patients with health, mental health, and substance use issues; 4) expanding consumer input on programmatic structure, outreach activities, and treatment activities; and 5) reducing stigma and increasing service penetration rates in the Latino community.

By utilizing culturally responsive practices and staff, the Integrated Behavioral Health Services for the Latino Community Families program conducts outreach services to the community, focusing on health, mental health and substance abuse. The Integrated Behavioral Health Services for the Latino Community Families program provides primary care and full-scope behavioral health services (counseling/psychiatry/substance abuse) to all Hispanic/Latino community members, with priority to engaging the family system and specific strategies for engaging men effectively.

Utilizing Promotores (a lay Hispanic/Latino community member who receives specialized training to provide basic health education in the community) improves information dissemination to the community, and are specifically targeted to address engagement challenges arising 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.

Key activities of Integrated Behavioral Health Services for Latino Community and Families will support outcomes around improved mental health wellness, personal, social, and community stability, and connection to other services by:

- Providing culturally competent and evidence-based practices training for staff.
- Providing counseling services in accessible locations at convenient times.
- Providing culturally competent services in English and Spanish.
- Using evidence-based practices and implemented quality-assurance practices.
- Increasing 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.
- Connecting Latino/Hispanic residents to entitlement supports as needed.
- Providing screening, assessment, short-term solution-focused therapy, and access to psychiatric support for medication assistance to address mental health concerns.
- Reducing stigma and behavioral health underutilization in Latino/Hispanic communities.
- Performing ongoing program development, outreach activities, ancillary services, and sustainability guided by advisory panel recommendations.

Goals and Objectives	
Goal 1:	Integrated Behavioral Health Services for Latino Community and Families aims to provide comprehensive health services, including physical and behavioral health, to the Hispanic/Latino community.
Goal 2:	To expand and augment mental health services to enhance service access, delivery and recovery.
Objective 1:	Utilize culturally responsive approaches to engaging the Hispanic/Latino population.

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Objective 2:	Increase engagement with Hispanic/Latino men.		
Objective 3:	Improve health and behavioral health outcomes for the Hispanic/Latino population.		
Total Proposed Budget Amount:	**$772,500**	**Proposed Budget Amount FY 17 - 18:**	**$257,500**

Adult Residential Treatment Program

Program Name:	**Adult Residential Treatment Program**			
Status:	☒New	☐Continuing	☐ Modification	
Target Population:	☐Children Ages 0 – 15	☐Transitional Age Youth Ages 16 – 25	☒Adult Ages 26 – 59	☐Older Adult Ages 60+

Program Description

Yolo County plans to develop an adult residential treatment facility to support people transitioning back to the community from institutional placements, such as IMD/MHRCs, and provide a community-based residential treatment alternative for adults at risk of IMD/MHRC placement.

The adult residential treatment facility will be licensed as an ART with Community Care Licensing and certified as a transitional residential program through the State Department of Health Care Services, Mental Health division. It will be located within Yolo County and serve adults ages 18 and older with serious mental illness who are at risk of or transitioning from IMD/MHRC placement. The expected length of stay will be no more than 18 months, during which time consumers will receive a variety of psychosocial rehabilitation to address their mental health needs as well as any other issues that arise that would increase the likelihood of IMD/MHRC placement.

By providing a community-based, voluntary alternative to IMD/MHRC placement, the ART will likely result in decreased use of IMD/MHRCs for people who are able to safely transition back into the community and result in decreased new IMD/MHRC placements. The ART may also support reducing the average hospital length of stay by eliminating the need for someone to wait at an ED or hospital for IMD/MHRC placement as well as increase the number of Yolo County consumers who are able to receive services in the least restrictive setting within their home community. Additionally, by supporting consumers to remain in Yolo County, the ART may also increase family and social connectedness by eliminating the need for families to travel long distances to participate in their loved one's recovery.

Key activities of the ART include:

- Providing psychosocial and clinical services to adults with serious mental illness who are at risk of or transitioning from IMD/MHRC placement, including medication monitoring
- Providing a safe and supportive, supervised, recovery-oriented environment for adults who do not require a secure treatment setting to stabilize for up to 18 months
- Providing individual, family, and group treatment for mental health and co-occurring disorders, including milieu and activity-based interventions
- Using evidence-based practices and implemented quality-assurance practices.

Goals and Objectives

Goal 1:	Increase the in-county, community based placement for adults with serious mental illness who are transitioning from or at risk of institutional placement

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Objective 1:	Decrease the number of adults placed in IMD/MHRCs, including new placements		
Objective 2:	Reduce the average length of hospital and institutional placement		
Objective 3:	Improve the recovery, including family and social connectedness, of adults with serious mental illness		
Total Proposed Budget Amount:	**$2,760,000**	**Proposed Budget Amount FY 17 - 18:**	**$920,000**

Older Adult System of Care

Older Adult Outreach and Assessment (CSS)

Program Name:	**Older Adult Outreach and Assessment**			
Status:	☐New	☒Continuing	☐ Modification	
Target Population:	☐Children Ages 0 – 15	☐Transitional Age Youth Ages 16 – 24	☐Adult Ages 24 – 59	☒Older Adult Ages 60+

Program Description

The Older Adult Outreach and Assessment Program provides a blend of full service partnership, system development, outreach and engagement services, and necessary assessments for seniors with mental health issues who are at-risk of losing their independence or of institutionalization. This program serves Yolo County Older Adults ages 60 years and older who may also have underlying medical and/or co-occurring substance abuse problems, or be experiencing the onset of mental illness later in life.

This program includes case management, psychiatric services, as well as a continuum of services across the County. Additionally, the program coordinates services with the Older Adult Senior Peer Counselor Volunteers PEI Program, as well as integrating the Telepsychiatry program, with the goal of providing a continuum of care services to older adults.

During the needs assessment, stakeholders recommended continuing to utilize Telepsychiatry to gain access to a geriatric psychiatrist for this program. While the equipment for the Telepsychiatry is included in the CFTN component, the psychiatry services are provided through this program. Additionally, Telepsychiatry is an integrated component the program, which administers the services, and allows for older adults to access specialized geriatric psychiatry services via a live, secure internet feed, allowing for stronger access to proper psychiatric support. Stakeholders also identified a continued need to support older adults who may be isolated, at risk of crisis, or at risk of losing their independence. Stakeholders emphasized the continuing importance of outreach specialists and/or peer navigators who are available to support older adults throughout their participation in the service system, and who provide additional outreach and engagement, case management, and mobile services.

This program also partners with the Older Adult Senior Peer Counselor Volunteer program to coordinate optional opportunities for engagement with program volunteers, with the goal of increasing support opportunities and providing companionship.

Key activities of Older Adult Outreach and Assessment program will support outcomes around improved mental health wellness, personal social and community stability, and connection to other services for older adults by:

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- Conducting strengths-based integrated assessments that comprehensively examine mental health, social, physical health and substance abuse trauma, focusing on consumer/family member engagement.
- Providing 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.
- Educating consumers and 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.
- Assisting with transportation to and from key medical, psychiatric, and benefits-related appointments.
- Conducting outreach services for persons who are homeless, at risk of homelessness, and still in their homes that involve persistent, non-threatening, outreach and engagement services through service providers or Senior Peer Counselor volunteers.
- Promoting positive contact with family members.
- Assisting families to deal with mental decline of an elder.
- Coordinating with the Department of Employment and Social Services regarding the involvement of Adult Protective Services (APS).
- Coordinating with the Public Guardian's Office regarding conservatorship of consumers no longer capable of self-care.
- Coordinating with local multidisciplinary alliances to identify and assist older adults in need of mental health treatment.
- Coordinating with assisted living opportunities to provide a smooth transition, when needed.
- Coordinating with the Senior Peer Counselor Volunteer Program to match volunteers with seniors to prevent social isolation and to promote community living, when desired.
- Providing clinical support to Senior Peer Counselor Volunteers, who report on consumer status.
- Training volunteers and staff on addressing suicidality among older adults, especially males who are at higher risk.
- Assisting with maintaining healthy independent living, while avoiding social isolation.
- Assisting older adults with serious mental illness to locate and maintain safe and affordable housing.
- Providing older adults with appropriate benefits assistance, including Social Security Disability Insurance or Supplemental Security Income, Medi-Cal or Medicare, as well as referrals to advocacy services.
- Operating a 24-hour crisis phone line and refer to crisis services and supports.
- Referring and linking consumers to other community-based providers for other needed social services and primary care.
- Delivering mobile services, including assessment, treatment, and Telepsychiatry, to reach older adults who cannot access Yolo HHSA in Woodland or other services as a result of barriers to access (rural, transportation difficulties, etc.) or other disabilities.

Goals and Objectives	
Goal:	The OAOAP aims to provide treatment and care that promote wellness, reduce isolation, and extend the individual's ability to live as independently as possible.

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Objective 1:	Support older adults and their families through the aging process to develop and maintain a circle of support thereby reducing isolation.
Objective 2:	Promote the early identification of mental health needs in older adults to prevent suicide, isolation, and loss of independence and address co-occurring medical and substance use needs.
Objective 3:	Coordinate an interdisciplinary approach to treatment that collaborates with the relevant agencies that support older adults.

Total Proposed Budget Amount:	**$1,785,000**	**Proposed Budget Amount FY 17 - 18:**	**$595,000**

Senior Peer Counselor Volunteers

Project Name:	**Yolo Wellness Project**			
Program Name:	*Senior Peer Counselor Volunteers*			
Status:	☐New	☒Continuing	☐ Modification	
Target Population:	☐Children Ages 0 – 15	☐Transitional Age Youth Ages 16 – 24	☐Adult Ages 24 – 59	☒Older Adult Ages 60+

Program Description

Senior Peer Counseling mobilizes volunteers from the community to provide free, supportive counseling and visiting services for older adults aged 60+ in Yolo County who are troubled by loneliness, depression, loss of spouse, illness, or other concerns of aging. Services are voluntary, consumer-directed and strengths-based.

This program addresses the specific needs identified through the current and previous CPP process to provide services throughout Yolo County and at all stages of recovery. By providing psychosocial supports and identifying possible signs and symptoms of mental illness early on and ongoing assistance, Senior Peer Counselors assist older adults to live independently in the community for as long as reasonably possible.

Older Adult Senior Peer Counselor Volunteers coordinate with Older Adult Outreach and Assessment Program to provide opportunities for earlier interventions to avoid crisis situations for older adults, and to create more opportunities for their support through companionship and counseling. Volunteers and staff employ wellness and recovery principles, addressing both immediate and long-term needs of program members, delivering services in a timely manner and with sensitivity to the cultural needs of those served.

Key activities for the Senior Peer Counseling program will support outcomes of improved service access and connection for older adults and prolonged healthy and safe independent living by:

- Recruiting, screening, and coordinating all peer counselor volunteers.
- Training peer counselors in mental health resources, signs of mental illness, and how to work with older adults experiencing mental illness.
- Visiting older adults in the home or in the community to provide companionship and social support.
- Coordinating with the Friendship Line, a warm-line and hot-line that is operated out of the San Francisco Institute on Aging.

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• Referring and linking consumers to other community-based providers for other needed social services and primary care.			
Goals and Objectives			
Goal:	The Senior Peer Counselor program aims to support Older Adults to live independently in the community for as long as reasonably possible, while ensuring their mental and physical wellbeing.		
Objective 1:	Recruit, train, and support volunteers to provide peer counseling services.		
Objective 2:	Support independent living and reduce social isolation for seniors.		
Objective 3:	Promote the early identification of mental health symptoms in older adults.		
Total Proposed Budget Amount:	**$150,000**	**Proposed Budget Amount FY 17 - 18:**	**$50,000**

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Prevention and Early Intervention

In addition to the direct service PEI programs described in the systems of care, Yolo HHSA has planned the following programs to support Outreach for Increasing Recognition of Early Signs of Mental Illness and access and linkage to treatment, described below.

Early Signs Training and Assistance

Program Name:	**Early Signs Training and Assistance**			
Status:	☐New	☒Continuing	☐ Modification	
Target Population:	☐Children Ages 0 – 15	☒Transitional Age Youth Ages 16 – 24	☒Adult Ages 24 – 59	☒Older Adult Ages 60+

Program Description

Early Signs Training and Assistance focuses on mental illness stigma reduction, and on community education to intervene earlier in mental health crisis. Early Signs provides training to providers, individuals, and other caregivers who live and/or work in Yolo County on Applied Suicide Intervention Strategies Training (ASIST), SafeTALK, Mental Health First Aid Certification, and Youth Mental Health Aid Certification. The purpose of these training programs is to both help expand the reach of individuals who have the knowledge and skills to respond to or prevent a mental health crisis in the community, and to reduce the stigma associated with mental illness.

This project responds to the need to enhance supports available to individuals before, during, and after crisis, and expand the reach of mental health services to non-mental health staff through the provision of suicide prevention and intervention programs as well as Mental Health First Aid to non-mental health staff.

Early Signs Training includes the following training programs:

1. *Applied Suicide Intervention Strategies Training (ASIST)*
   ASIST is a national suicide prevention training program for caregivers of individuals who are at risk of committing suicide. Over the course of a two-day training, caregivers learn how to recognize the risk and learn how to intervene to prevent the immediate risk of suicide (www.livingworks.net/programs/asist).

2. *SafeTALK*
   SafeTALK is a three-hour training that prepares anyone over the age of 15 how to identify people with thoughts of suicide and connect them to suicide first aid resources. SafeTALK curriculum emphasizes three main skills:
   a. How to move beyond common tendencies to miss, dismiss, or avoid suicide.
   b. How to identify people who have thoughts of suicide.
   c. Apply the TALK steps: Tell, Ask, Listen, and KeepSafe.
      These steps will prepare someone to connect a person with thoughts of suicide to first aid and intervention caregivers (www.livingworks.net/programs/safetalk).

3. *Mental Health First Aid and Youth Mental Health First Aid Certifications*

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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).

4. *Educate, Equip, and Support: Building Hope*
   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.

5. *QPR*
   QPR (Question—Persuade—Refer), is a 90-minute training designed to teach three simple steps anyone can learn to help save a life from suicide. QPR provides innovative, practical and proven suicide prevention training that reduces suicidal behaviors by training individuals to serve as gatekeepers—those in a position to recognize a crisis and the warning signs that someone may be contemplating suicide. Yolo County's MHSA Team will train anyone to be a gatekeeper—parents, friends, neighbors, teachers, ministers, doctors, nurses, office workers, caseworkers, firefighters—anyone who may be strategically positioned to recognize and refer someone at risk of suicide. Information is available at (https://www.qprinstitute.com/about-qpr).

Key activities of Early Signs Training and Assistance will support outcomes around improved mental health education and early identification skills by:

- Training community and family members to recognize the signs of persons in need of mental health support.
- Training community and family members to recognize the signs of persons who are at risk of suicide and those who are at risk of developing a mental illness.
- Promoting wellness, recovery, and resiliency.
- Training and working with families and caregivers in order to develop plans and strategies that are tailored to their family member's need.
- Training participants to address the specific needs of certain populations, including youth.
- Offering trainings in multiple languages in order to ensure accessibility for all interested persons.

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• Offering trainings to an intentionally diverse group of community members, family members, and partners, 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. • Offering expanded suicide hot line services to community members.			
Goals and Objectives			
Goal:	Early Signs Training and Assistance aims to expand the reach of the mental health system through the training of individuals who have the knowledge and skills to respond to or prevent a mental health crisis in the community.		
Objective 1:	Expand the reach of mental health and suicide prevention services.		
Objective 2:	Reduce the risk of suicide through prevention and intervention trainings.		
Objective 3:	Promote the early identification of mental illness and of signs and symptoms of suicidal behavior.		
Total Proposed Budget Amount:	**$1,050,000**	**Proposed Budget Amount FY 17 - 18:**	**$350,000**

Early Signs Crisis Intervention Training (CIT)

Program Name:	**Early Signs Crisis Intervention Team (CIT) Training**			
Status:	☐New	☒Continuing	☐ Modification	
Target Population:	☐Children Ages 0 – 15	☐Transitional Age Youth Ages 16 – 24	☒Adult Ages 24 – 59	☐Older Adult Ages 60+
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.

CIT Training has increased its reach since inception and is intended to reach all law enforcement agencies in Yolo County, including local municipal police departments, the Yolo County Sheriff's Office, California Highway Patrol, Yolo County, and Cache Creek Casino (Tribal) Security. The training is delivered 2 days per week over two weeks, for a total of 4 full training days.

Key activities of Early Signs Crisis Intervention Team (CIT) Training will support outcomes around improved recognition of mental health needs in the community by law enforcement professionals, and by providing them with intervention tools to intervene appropriately by:

- Helping law enforcement personnel and first responders recognize the signs of mental illness when responding to mental health calls.
- Helping law enforcement and first responders to work with persons in crisis and non-crisis situations to receive the necessary intervention in order to promote wellness, recovery, and resiliency.

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• Training law enforcement personnel and first responders to have adequate understanding of the needs of culturally diverse populations. • Raising awareness of the community needs among law enforcement and first responders. • Providing 1-day CIT refresher training to previously trained law enforcement and other first responders.

Goals and Objectives	
Goal:	Early Signs Crisis Intervention Training (CIT) aims to implement a community-oriented and evidence based policing model for responding to psychiatric emergencies.
Objective 1:	Reduce the number of arrests and incarcerations for people with mental illness.
Objective 2:	Strengthen the relationship between law enforcement, consumers and their families, and the public mental health system.
Objective 3:	Reduce the trauma associated with law enforcement intervention during psychiatric emergencies.

Total Proposed Budget Amount:	**$150,000**	**Proposed Budget Amount FY 17 - 18:**	**$50,000**

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

Program Name:	**Early Signs Project: Crisis Intervention Program (SB 82 Augmentation)**			
Status:	☐New	☐Continuing	☒ Modification	
Target Population:	☒Children Ages 0 – 15	☒Transitional Age Youth Ages 16 – 24	☒Adult Ages 24 – 59	☒Older Adult Ages 60+

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. This mobile crisis intervention program is designed to have trained clinical staff available and follow-up peer support workers when law enforcement responds to a mental health crisis with the goals 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.

Due to both the success of the pilot and the increasing community need for crisis intervention services, MHSA stakeholders agreed to continue augmenting SB 82 funding to cover additional staffing costs.

The purpose of this program is reducing unnecessary hospitalizations and avoiding criminalization of mental health episodes by providing a clinical support person to law enforcement when they are engaged on a mental health call. During the CPP process, stakeholders, including law enforcement and consumers/family members, voiced concerns that the lack of evening and weekend mobile crisis services in the county leaves a gap in the delivery of the service and leaves consumers vulnerable to the very issues this program intends to address. The program is modified in the current plan to expand the hours of the program into evening and weekend hours to better serve community needs.

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Key activities of Early Signs Project: Crisis Intervention Program (SB 82 Augmentation) will support outcomes around improved relationship between law enforcement and the community, reduced hospital admissions, fewer arrests of mental health mental health wellness, personal social and community stability, and connection to other services by:

- Providing clinical support to law enforcement personnel on mental health crisis calls.
- Providing appropriate mental health support to consumers in crisis.
- Linking consumers to the appropriate aftercare service.
- Acting as liaison to the community, in order to reduce stigma around mental health disorders.
- Providing age appropriate mental health services in the community, clinic, and at home.
- Provide clinical interventions to mitigate early onsite of mental health issues.
- Promoting pro-social activities, including creative or artistic expression as related to self-care.

Goals and Objectives	
Goal:	Early Signs Project: Crisis Intervention Program (SB 82 Augmentation) aims to provide support services to law enforcement in order to improve the quality of response to psychiatric emergencies.
Objective 1:	Reduce unnecessary hospitalizations and avoiding criminalization of mental health episodes by providing a clinical support person to law enforcement when they are engaged on a mental health call.
Objective 2:	Provide the most appropriate mental health crisis care and service linkages while minimizing the costly placement of individuals in hospitals and jails.

Total Proposed Budget Amount:	**$900,000**	**Proposed Budget Amount FY 17 - 18:**	**$300,000**

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Workforce, Education, and Training

Cultural Competency/ LGBT+ Cultural Competency initiative (SDR)

Program Name:	**TAY Cultural Competency/LGBT+ Cultural Competency Initiative**		
Status:	☒New	☐Continuing	☐ Modification

Program Description

The Cultural Competency/LGBT+ Cultural Competency Initiative is intended to provide the Cultural Competency Committee with the information it needs to effectively expand and deepen cultural competency among all HHSA staff, providers, and other partners to foster the development of specialty training for some staff in specific content and cultural areas, and to apply these with specific attention to LGBT+ culture. The initiative will provide targeted support to improve cultural competency mental health service provision across the system, with more depth than the current training model and with appropriate data collection and analysis capacity in place.

This Initiative responds to the CPP identified needs around all staff requiring a basic level of cultural competency with specialty populations, with special attention to the LGBT+ population, the need to have culture-specific experts available to provide direct services to consumers when indicated, and supportive, supervisory support to clinicians who are providing services to consumers who identify as LGBT+. Additionally, the Initiative responds to the request by stakeholders during the CPP process to update data collection requirements and establish the technological infrastructure to gather information about the LGBT+ population.

The Cultural Competency/LGBT+ Cultural Competency Initiative will provide the Cultural Competency Committee with information and tools to: a) enact changes to training programs and the implementation of new training programs to provide a basic level of cultural competency to all HHSA staff and a deeper level of specialization to select clinicians in specific practice areas; and b) will establish/upgrade Yolo's technological infrastructure to gather, organize, analyze and evaluate demographic data around LGBT+ consumers. The Cultural Competency Initiative will be funded by a combination of PEI/INN (complying with all statutory requirements for data collection), WET and CFTN funds in order to reach the objectives of the initiative that span training programs, technology modifications, and practice changes. As the county's understanding of this issue becomes more nuanced over time with increased and higher quality data being gathered, the types of service needs existing among the LGBT+ population can be identified and services created to serve this population. Annual Updates may include these specific services.

The Cultural Competency/LGBT+ Cultural Competency Initiative will support the outcomes of increasing the depth of cultural competency among HHSA staff, providers, and other partners, developing specialty roles that will support consumers with highly specific cultural needs, providing appropriate supervision to clinicians on cultural matters, and improve data collection.

Goals and Objectives

Goal:	The Cultural Competency/LGBT+ Cultural Competency Initiative aims to increase targeted support beyond the current training model to improve cultural competency across the system.

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Objective 1:	Provide a basic level of cultural competency to all staff.
Objective 2:	Provide an expert level of cultural competency in specialty areas, including LGBT+, to select staff.
Objective 3:	Develop mechanisms to electronically gather, organize, analyze and evaluate demographic data around LGBT+ consumers.

Total Proposed Budget Amount:	**$150,000**	**Proposed Budget Amount FY 17 - 18:**	**$50,000**

Clinical Internship Program (WET)

Program Name:	**Clinical Internship Program**			
Status:	☐New	☐Continuing	☒ Modification	
Target Population:	☐Children Ages 0 – 15	☐Transitional Age Youth Ages 16 – 24	☐Adult Ages 24 – 59	☒Older Adult Ages 60+

Program Description

Formerly known as the Intern Therapy for Older Adults program, the Clinical Internship program is designed to expand the existing stipended Intern Therapy Program connecting pre-degree Master's level trainees and pre-Doctoral level psychology student interns with older adult consumers in the community to include consumers 18 years and older.

Yolo County, like many other California counties, continues to experience a shortage of mental health professionals with the education, training, and experience to competently treat the HHSA consumer population. As a result, this program aims to both provide specialized services while training new therapists to serve Yolo County.

Intern therapists will provide psychotherapeutic services that draw upon a transtheoretical framework spanning social gerontology (for older adults), developmental, behavioral, cognitive, and health psychology. 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 will assign supervisory responsibility to clinical teams.

Key activities for Clinical Internship Program which will support the outcome of increased availability of trained clinical staff will include:

- Screening and assessment for mental health issues.
- Providing psychotherapeutic treatment for, and the prevention of, mental illness that may include cognitive behavioral therapy, psychodynamic, cognitive, and behavioral treatments for depression, and other evidence-based practices as needed.
- Providing home and community-based mental health treatment services.
- Providing referrals and linkages to other community-based providers for needed social services and primary care.

Goals and Objectives

Goal:	This program aims to increase the availability of home- and community-based clinical services while training new therapists in the arena of specialty mental health services for individuals age 18 and older.

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Objective 1:	Increase the workforce competent to assess, diagnose, and treat individuals and families in the public mental health system.		
Objective 2:	Provide psychotherapeutic supports to assess and treat individuals and families in the public mental health system.		
Total Proposed Budget Amount:	**$240,000**	**Proposed Budget Amount FY 17 - 18:**	**$80,000**

Psychiatry Residency Program Development

Program Name:	**Psychiatry Residency Program Development**		
Status:	☐New	☒Continuing	☐ Modification
Program Description			
A Psychiatric Residency Program offers the promise of encouraging psychiatric residents to enter the public mental health workforce and receive training and supervision in the public mental health system and MHSA values. Psychiatry Residents would be involved with the psychiatric diagnosis, prescription of psychotropic medications, medical care issues, and psychotherapies for HHSA consumers. Like many California Counties, Yolo County is experiencing a workforce shortage of psychiatrists. In order to address the shortage, Yolo HHSA is committed to exploring a partnership with local medical schools, including UC Davis and UCSF, for a Psychiatric Residency program. A Psychiatry Residency Internship program would increase the number of trained psychiatry interns in community mental health at Yolo County HHSA. Psychiatry Residents would be supervised by the Yolo County HHSA Medical Director and receive training and resources in psychiatric assessment and treatment, cultural competency, and issues in community mental health. The Psychiatric Residency Program will support the outcome of increased availability and quality of psychiatrists serving Yolo consumers.			
Goals and Objectives			
Goal:	HHSA aims to continue to explore the feasibility of a Psychiatric Residency Program.		
Objective 1:	Train new psychiatrists in the public mental health system and MHSA values.		
Objective 2:	Increase the available supply of psychiatrists.		
Total Proposed Budget Amount:	**$150,000**	**Proposed Budget Amount FY 17 - 18:**	**$50,000**

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Mental Health Professional Development

Program Name:	Mental Health Professional Development		
Status:	☐New	☐Continuing	☒ Modification
Program Description			

The Mental Health Professional Development program is intended to provide training and capacity building for mental health providers. The program focuses on 1) clinical training and identified evidence based practices, 2) online professional development courses using the E-Learning platform, 3) support to implement the new DSM-V, 4) a strength-based approach to leadership and team development using Gallup's StrengthsFinder, 5) training and technical assistance to promote cultural competency throughout the system and with identified "experts," and 6) training for health care providers to screen for and identify perinatal mental health issues for pregnant and new mothers.

Yolo County recognizes an ongoing and evolving need to provide training and development opportunities to all staff members, in order to serve a diverse consumer population with the most effective, evidence-based practices that are well informed by community input. The CPP process established that in addition to these ongoing needs, there is a specific need around cultural competency development in order to deepen the understanding of other staff around the role of peer staff, and around peer professional support. Consequently, professional development opportunities on emerging and best practices, evidence-based practices, trauma-informed care, motivational interviewing, cognitive-behavioral therapy, and co-occurring disorders will now be program areas of focus.

Professional Development programs include:

- **Staff Trainings**: Yolo HHSA will provide trainings to clinical and front-office staff, prioritizing enhanced clinical training in evidence based approaches, including Dialectical Behavior Therapy (DBT) and Trauma Informed Approaches. In addition, an array of learning around cultural competency for all staff as well as orientation, initial training and ongoing professional development for the peer workforce was prioritized during the CPP process.
- **E-Learning**: E-Learning allows Yolo HHSA to provide distance learning opportunities and training in numerous topics to direct service providers, consumers, and family members. E-Learning will allow the development, delivery, and management of training(s) to our workforce. CEUs, which are necessary for many direct service providers to obtain annually, will also be accessible through many of the training topics provided through an E-Learning vendor.
- **Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (New)**: Yolo HHSA will provide training to licensed and license-eligible staff around the changes that distinguish the DSM-V from the DSM-IV-TR, and how these updates will impact their clinical, documentation, and billing practices.
- **StrengthsFinder (New)**: Yolo HHSA will implement Gallup's StrengthsFinder, a method for determining and operationalizing personal strengths for effective implementation of services on teams, towards helping the county utilize strengths-based approaches in staff development and consumer services.
- **Perinatal Mental Health Services Training (New)**: Training for providers across the healthcare system targeted at understanding perinatal mental health needs like postpartum depression.
- **Cultural Competence/Mental Health Resources**: Yolo HHSA will seek out training guides and educational resources to provide ongoing competence-based and culturally competent training

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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.

Mental Health Professional Development will support the outcome of increased formal training and skill building for HHSA staff in all roles and at all levels, to respond to both ongoing and community-identified needs among the workforce.

Goals and Objectives			
Goal:	The Professional Development program aims to ensure a competent and trained workforce in alignment with MHSA values that is versed in relevant evidence based practices.		
Objective 1:	Ensure clinical staff are trained in relevant evidence based practices.		
Objective 2:	Provide support to front office staff to provide supportive and welcoming experiences.		
Objective 3:	Ensure a culturally competent and informed workforce.		
Total Proposed Budget Amount:	**$580,000**	**Proposed Budget Amount FY 17 - 18:**	**$260,000**

Peer Workforce Development Workgroup

Program Name:	**Peer Workforce Development Workgroup**		
Status:	☒New	☐Continuing	☐ Modification

Program Description

The Peer Workforce Development Workgroup will develop a program that provides 1) Yolo County peer staff with an array of training and supports to develop their roles as direct service providers to consumers as well as their personal professional progress, and 2) addresses issues of benevolent stigma and implicit bias in the workplace. Peer staff will comprise some of the workgroup membership, and the workgroup will conduct further research activities to inform its focus and any actions it enacts. These activities will include gathering data around peer workforce best practices as well as practices in other counties. The ultimate goal of these activities is to inform and assist Human Resources to support and utilize peer staff to the highest possible degree.

The formation of this workgroup responds to needs expressed during the CPP process that indicated that: a) refinements to the peer workforce structure are needed to continue to develop their role in HHSA, and b) there is a need to address stigma and bias issues arising from an integrated peer and non-peer workforce.

Regarding direct peer support considerations, the Workgroup will consider among its options programs that address:

- Initial peer orientation:
  - Clarifications around the structure of the peer employment model, including length of program, requirements, and options for further employment in HHSA;
  - Formalizing initial orientation processes for peer staff members, including a period of shadowing; and
  - Training for specific roles, e.g., front desk

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- Basic peer training:
  - CPR/First Aid and Mental Health 1st Aid;
  - De-escalation;
  - Basic interviewing; and
  - WRAP and Intentional Peer Support

- Ongoing peer professional development opportunities:
  - Group facilitation techniques;
  - Basic Spanish sufficient to greet consumers and connect to an interpreter;
  - Nutrition and cooking;
  - Techniques for motivating group participation;
  - Efficient food organization and distribution;
  - Cross training to other peer roles; and
  - Opportunities to tell their own stories

Regarding issues of benevolent stigma and implicit bias, the Workgroup will consider options including but not limited to:

- Training in traditional learning forums for all staff clarifying peer roles;
- Cross-training/shadowing opportunities between peer and non-peer roles; and
- Leveraging existing Office of Statewide Health Planning and Development (OSHPD) training

The Peer Workforce Development Committee will support the outcomes of increasing peer workforce visibility, skill development, and role clarity, while simultaneously decreasing stigma and inherent bias in the non-peer workforce.

Goals and Objectives			
Goal:	The Peer Workforce Development Workgroup aims to create a program that will ensure that Peers are provided with the evidence-based skill building, professional development opportunities, training, and internal HHSA support they require to provide effective services to consumers, reduce stigma, and expand their own foundation of marketable skills.		
Objective 1:	Strengthen the onboarding, training, and supervision available to peer support staff.		
Objective 2:	Consider evidence-based practices in the peer support model.		
Objective 3:	Increase inclusion of peer workforce across the agency.		
Total Budget Amount:	**$120,000**	**Proposed Budget Amount FY 17 - 18:**	**$40,000**

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Capital Facilities and Technology Needs

Capital Facilities and Technological Needs (CFTN) provides funding for building projects and increasing technological capacity to improve mental health service access and utilization. Capital Facilities projects include physical and technological structures used for the delivery of mental health services for individuals and their families, administrative buildings, and the development and renovation of such structures. Technological Needs include providing appropriate infrastructure to collect, report, and analyze data of mental health consumers, services, outcomes, and the overall mental healthcare system in Yolo County. Ultimately, CFTN aims to improve the mental health care system and move it towards the goals of wellness, recovery, resiliency, cultural competency, prevention/ early intervention, and expansion of opportunities for accessible services for consumers and their families.

In Yolo County, the current capital facilities system consists of the Woodland and West Sacramento Wellness Centers, and the technology system consists of the Telepsychiatry Program and Electronic Health Records upgrades.

Capital Facilities

Yolo HHSA is developing a Capital Facilities plan that continues to work on creating and developing infrastructure and spaces that are open and welcoming to the mental health consumer community in Yolo County. Community members expressed the need for spaces outside of traditional mental health care settings for recovery-based activities and safe spaces for social support and peer networking. As a result, HHSA plans to include several projects that will expand the reach of mental health services and access to infrastructure that meets these community needs.

Wellness Center Tenant Improvements

Program Name:	**Adult Wellness Center**			
Status:	☐New	☒Continuing	☐ Modification	
Target Population:	☐Children Ages 0 – 15	☒Transitional Age Youth Ages 16 – 24	☒Adult Ages 24 – 59	☒Older Adult Ages 60+
Program Description				
Yolo County's Wellness Centers provide an alternative drop-in space with a variety of rehabilitative services, skill-building groups, and computer labs with internet access. The Centers serve to encourage consumers to engage in wellness and recovery activities while building self-efficacy skills and peer-support networks. Yolo HHSA is in the process of expanding and remodeling its existing wellness centers in Woodland and West Sacramento and plans to begin renovations to an additional location in Davis, CA for a third Wellness Center location. Capital Facility funds will be used to:				

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- Remodel an existing, publicly-owned building in Davis, CA to be used for Wellness Center services.
- Include TIs that support activities of daily living skills development, including kitchen and other "home-like" areas.
- Include TIs that support recovery-based activities, such as small and large group meeting space and computer stations.
- Ensure that the facility meets all required codes and statutes for Wellness Center activities.

Goals and Objectives	
Goal:	Provide programs, services, group support, and socialization activities at the Wellness Centers

Ongoing Capital Faciliites Repair Total Proposed Budget Amount:	**$150,000**	**Davis Wellness Center Remodel Proposed Budget Amount FY 17 - 18:**	**$375,000**

Adult Residential Treatment Facility

Program Name:	**Adult Residental Treatment Facility**			
Status:	☒New	☐Continuing	☐ Modification	
Target Population:	☐Children Ages 0 – 15	☐Transitional Age Youth Ages 16 – 25	☒Adult Ages 26 – 59	☐Older Adult Ages 60+

Program Description

Yolo County plans to develop an adult residential treatment facility to support people transitioning back to the community from institutional placements, such as IMD/MHRCs, and provide a community-based residential treatment alternative for adults at risk of IMD/MHRC placement.

The adult residential treatment facility will be licensed as an ART with Community Care Licensing and certified as a transitional residential program through the State Department of Health Care Services, Mental Health division. It will be located within Yolo County and serve adults ages 18 and older with serious mental illness who are at risk of or transitioning from IMD/MHRC placement. The expected length of stay will be no more than 18 months, during which time consumers will receive a variety of psychosocial rehabilitation to address their mental health needs as well as any other issues that arise that would increase the likelihood of IMD/MHRC placement.

Capital Facility funds will be used to:

- Acquire a facility that can accommodate up to 16 beds in Yolo County, preferably that is already zoned or permitted for healthcare and/or residential treatment
- Complete tenant improvements to bring the acquired facility into alignment with Title IX and Medi-Cal regulations for a transitional residential facility and Community Care Licensing regulations for an ART.

By providing a community-based, voluntary alternative to IMD/MHRC placement, the ART will likely result in decreased use of IMD/MHRCs for people who are able to safely transition back into the community and result in decreased new IMD/MHRC placements. The ART may also support reducing the average hospital length of stay by eliminating the need for someone to wait at an ED or hospital for IMD/MHRC placement as well as increase the number of Yolo County consumers who are able to receive services in the least restrictive setting within their home community. Additionally, by

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supporting consumers to remain in Yolo County, the ART may also increase family and social connectedness by eliminating the need for families to travel long distances to participate in their loved one's recovery.	
Goals and Objectives	
Goal 1:	Open an Adult Residential Treatment Facility
Objective 1:	Acquire a building for the Adult Residential Treatment Facility
Objective 2:	Complete TIs to enable licensure and certification of an Adult Residential Treatment Facility
Acquire Adult Residential Treatment Center (ART) Proposed Budget Amount FY 17 - 18:	**$1,000,000**

Technological Needs

Yolo County HHSA is working on streamlining and updating their service delivery structure in order to better serve the mental health community. Across the county, community stakeholders expressed the need for alternative methods for communication and seeking support. As a response, the Technological Needs plan will include initiatives that provide alternative forms of delivery service, communication, and strengthening of data analytics and reporting. Such initiatives will alleviate barriers of mental health stigma, geographic isolation, and overall improve consumer health outcomes.

Tele psychiatry

Program Name:	**Tele psychiatry**			
Status:	☐New	☒Continuing	☐ Modification	
Target Population:	☒Children Ages 0 – 15	☒Transitional Age Youth Ages 16 – 24	☒Adult Ages 24 – 59	☒Older Adult Ages 60+
Program Description				

Yolo County is a geographically diverse county, containing three population centers (Woodland, Davis, and West Sacramento) and many outlying rural communities. In order to overcome the barriers to providing psychiatric services to clients throughout the county, and especially in rural communities, Yolo HHSA has implemented psychiatry services in a telemedicine format (Telepsychiatry and Tele-Mental Health Services).

The Mobile Tele-Mental Health Program will expand the reach of psychiatric, therapeutic and case management services to rural communities and enhance access to psychiatric appointments and other clinical services for current clients in Yolo County.

This program addresses the needs identified through the 2013-2017 CPP process that includes access to case management and psychiatry as well as a continuum of services across the County. The mobile Tele-Mental Health program addresses the identified need to reach children and their families who

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cannot access Yolo HHSA in Woodland or other services as a result of barriers to access (rural, transportation difficulties, etc.) or other disabilities.

Mobile Tele-Mental Health services will allow live, interactive two-way audio-video communication technology (i.e. videoconferencing). During the appointment, Yolo HHSA staff facilitate the consultation between the client and the psychiatrist, clinician or case manager. The county will take special care in ensuring the privacy, confidentiality, and informed consent of the client. Yolo HHSA intends to deliver Telepsychiatry in non-crisis settings in two formats. Telepsychiatry services will be integrated into a Mobile Services Unit that will deliver mental health services to clients in rural areas where transportation poses a barrier to ongoing in treatment. In addition, Yolo HHSA is considering integrating Telepsychiatry unit(s) in other county-owned facilities outside of Woodland. Key activities supporting the successful implementation of the Mobile Tele-Mental Health program includes:

- The purchase and installation of computer workstations for Yolo HHSA staff.
- The conversion to utilizing a virtual computing environment.
- Hiring a nurse to carry out vitals for consumers.

Goals and Objectives	
Goal:	Expand the reach of psychiatric services to rural communities and enhance access to psychiatric appointments for current clients in Yolo County.
Objective 1:	Continue current efforts of implementing the program.

Social Media/ Application Initiative

Program Name:	**Social Media Initiative**			
Status:	☒New	☐Continuing	☐ Modification	
Target Population:	☒Children Ages 0 – 15	☒Transitional Age Youth Ages 16 – 24	☒Adult Ages 24 – 59	☒Older Adult Ages 60+

Program Description

Updating and improving current communication methods will support Yolo County HHSA's annual reporting and help the County stay connected with its stakeholders. Such tools will improve informing the community about events, services, and programs in a timely manner. Additionally, Yolo County HHSA is exploring methods of consolidating mental health and community based services onto user-friendly platforms such as mobile applications. Such platforms will provide consumers and community members information about local resources such as the nearest shelters, foodbanks, and other available services.

Electronic media and information technologies play a major role in the delivery of mental health services and supports to children and youth in providing prevention, assessment, diagnosis, counseling and treatment programs. To improve service engagement and dissemination of information to the community, Yolo County HHSA will initiate the launch of reviewing alternative and updated tools such as social media platforms, mobile applications, and other software tools. Additionally, Yolo County will seek management tools to support this initiative.

Throughout the community planning process, community members across the county requested online and alternative/informal methods of outreach and seeking support such as texting and social media. Underserved populations, such as non-English speakers and youth reported that current outreach

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methods are ineffective and provide another barrier to services and programs. In response to this need, Yolo County HHSA will begin the exploration of social media and mobile applications that includes social media management tools that can run automatic analytics. Such technological tools can improve the ability of underserved populations such as youth to access mental health and substance use services. Key activities will focus on the evaluation of the feasibility of implementing and using electronic media and information technologies in behavioral health treatment, recovery support, and prevention programs throughout the county.

Goals and Objectives	
Goal:	Explore electronic media and information technologies that have the potential of delivering better mental health information, services and greater opportunities for the prevention of mental health disorders.

Electronic Health Record and Data Upgrades

Program Name:	**Electronic Health Record and Data Upgrades**			
Status:	☐New	☒Continuing	☐ Modification	
Target Population:	☒Children Ages 0 – 15	☒Transitional Age Youth Ages 16 – 24	☒Adult Ages 24 – 59	☒Older Adult Ages 60+

Program Description

Yolo County will work towards standardizing data collection methods, improving its electronic documentation system, and strengthening its analytic and reporting process in order to improve the quality and delivery of mental health services it provides for mental health consumers.

Yolo County HHSA is focusing on streamlining data efforts in order to shift from an output data system to an outcomes data system. Shifting towards an outcome data system will assist Yolo County HHSA in evaluating the effectiveness and quality of current programs and services. Improving and streamlining data systems and collection processes throughout its systems of care will enable county staff to make sound decisions more effectively in order to better meet the needs the of the community.

Since 2013's MHSA plan, Yolo County has been working towards improving its hardware and software systems. It is essential for the County to monitor and track how services are being used and to what effect and how programs affect the individuals, they are intended to serve. By implementing updates to current information systems and hardware/ software systems, Yolo County will also be able to identify disparities and underutilization of mental health services among communities in the county.

Key activities of EHR and data upgrades will support outcomes around improved data collection and reporting processes by:

- Updating hardware and software to facilitate document imaging and support electronic medical record keeping.
- Updating software enhancements such as electronic prescribing and electronic documentation signature.
- Implementing upgrades to the Avatar Management Information System (MIS).

Goals and Objectives

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Goal:	Implement and support data infrastructure for quality measurement and improvement of programs and services in Yolo County.
Objective 1:	Increase efficiencies in reporting, billing, and retrieving and storing personal health information.
Objective 2:	Streamline data collection processes.
Objective 3:	Update software and hardware tools necessary to facilitate improved data collection efforts.

LGBT+Data Collection

Program Name:				
Status:	☒New	☐Continuing	☐ Modification	
Target Population:	☐Children Ages 0 – 15	☒Transitional Age Youth Ages 16 – 24	☐Adult Ages 24 – 59	☐Older Adult Ages 60+

Program Description

Yolo County HHSA will initiate data collection efforts across the county on the LGBT+ community in order to provide culturally responsive outreach, quality mental health services/programs, and ultimately improve outcomes among this population.

Yolo County will work towards providing a framework for eliciting and collecting data on the LGBT+ community. Currently, no indicators for this population exists. By enabling data systems and tools to capture data of the LGBT+ community, Yolo County will be able to identify and record LGBT+ consumers and their unique needs. Throughout the community planning process, stakeholders identified the need to better support this marginalized community and engage them in mental health services in a culturally responsive matter. To address this need, Yolo County will implement updates to their EHR and other record keeping systems to identify LGBT+ consumers and their current utilization of services.

Key activities of LGBT+ data collection will support outcomes around supporting and engaging the county's LGBT+ community with the mental health care system by:

- Updating data systems to include LGBT+ indicators.
- Identifying LGBT+ consumers and current utilization of services.

Goals and Objectives

Goal:	Identify LGBT+ consumers in the County and provide culturally responsive mental health services.
Objective 1:	Update data collecting tools such as surveys to include LGBT+ indicators.
Objective 2:	Strengthen analysis and reporting tools and mechanisms to identify and provide appropriate services to LGBT+ community.

Technology Needs Projects Total Proposed Budget Amount:	**$375,000**	**Technology Needs Projects Proposed Budget for FY 17-18**	**$75,000**

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Innovation

Board and Care Study Project

Project Purpose, Background, and Identified Need

☐ Increase access to underserved groups
☒ Increase the quality of services, including better outcomes
☒ Promote interagency and community collaboration
☒ Increase access to services

During both the 2016-2017 MHSA Annual Update and 2017-2020 Three Year Plan CPP processes, HHSA leadership and community stakeholders identified three interwoven factors that present challenges to providing an appropriate level of housing assistance and supports to adult consumers with the most intense service needs:

1. There are not enough Board and Care Facilities in Yolo County;
2. Due to the limited amount of Board and Care Facilities, Board and Care Facilities are less likely to accept clients with more intensive needs; and
3. Mental health consumers with the highest needs are placed out of county and away from their homes and families and/or support system.

Providers also described the barriers they face in serving their clients who are placed out of county, along with and their overall concern for the wellness and recovery of consumers who may become isolated from their families and other support systems. There are also challenges arising with Medi-Cal access following out-of-county placement.

Currently, there are no incentives for Board and Care Facilities to take on mental health consumers with higher service needs. This is likely due to the limited number of facilities, low rates of compensation, and lack of staff capacity/training. Because of the limited bed capacity, there may be competition for Board and Care beds that makes it more likely for Board and Care Facilities to accept consumers who are "easier to serve" or require less support to adapt to a group living situation and follow Board and Care Facility rules with minimal difficulty. HHSA firmly believes that mental health consumers with the highest needs should receive mental health treatment in their communities and close to their families, friends, and support networks. As a result, HHSA and stakeholders have identified the need to develop innovative strategies to build bed capacity as well as engage, incentivize, and support Board and Care Facilities to serve consumers with more intense support needs.

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Project Description

Goals, Innovative Foundation, and Evidence-Based Implementation

The Board and Care Study Project (BCSP) project seeks to explore and then address the issues identified by Yolo County stakeholders around access to Board and Care services. The goals of the project are:

1. Gather and analyze data to investigate how to alleviate the three major factors impacting Board and Care availability and services in Yolo County; and
2. Create programs and implement strategies based on the outcome of the data gathering.

The BCSP meets the criteria of an Innovation project by utilizing evidence-based data gathering and analysis techniques and applying them to the identified challenges around Board and Care services in Yolo County to increase access to services, specifically regarding Board and Care facilities for adults with the most intense mental health needs. The process of implementing the Board and Care Study Project is two-phased to align with the above goals. It is divided into data gathering and analysis, followed by implementation of programs and services in response to the data.

Phase 1: Data Gathering and Analysis

HHSA will conduct a quantitative and qualitative needs assessment with stakeholders utilizing evidence-based techniques proven to yield strong, accurate data. The goal of this phase is to: 1) explore the underlying dynamics that contribute to the identified needs; 2) deepen our understanding of the challenges that Board and Care operators experience when serving consumers with a high degree of need; and 3) what may be most helpful in serving the identified population. We plan to conduct the following CPP activities to support program and strategy development phase of the INN plan:

- Focus groups with consumers and Board and Care/ Residential Providers;
- Data analysis and profile of Yolo residents receiving out of county treatment;
- Best Practice and/or benchmarking research regarding Board and Care Facilities; and
- MHSA INN Planning summit to create set of consolidated ideas, programs, and recommendations.

These activities will result in INN programs and strategies that are informed by both the Board and Care Facility providers and consumers receiving the services as well as the variety of MHSA stakeholders who participate in the CPP process. The goal of the MHSA INN programs is to provide mental health systems with an opportunity to identify innovative approaches that will support system change and improve access to needed services. Through capacity building approaches created in partnership with community stakeholders, Yolo County HHSA 2017-2020 MHSA INN program plans to increase access to services specifically for consumers who are placed in out-of-county Board and Care Facilities.

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Phase 2: Program and Strategy Development

The Yolo MHSA INN plan will consider an approach to improve the quality of services and outcomes and increase access to services for mental health consumers with intensive needs by capacity building strategies that respond to the data gathered in the first phase of the project. We propose to develop an approach that:

- Incentivizes current in-county Board and Care Facilities to build more beds and accept consumers who may be perceived as "difficult to serve", including financial and non-monetary mechanisms;
- Provides support to Board and Care Facilities to work with consumers with more intense service needs; and
- Builds staff and provider capacity to serve consumers with higher needs.

Some specific approaches being considered based on data already collected and analyzed during the Plan CPP process are: 1) providing Board and Care staff with technical training and assistance on working with consumers with more intensive needs; 2) employing Yolo's mobile Crisis Intervention Program to support Board and Care staff; 3) arranging financial incentives for Board and Care Facilities to house more of the aforementioned target population. Through these or similar approaches, HHSA plans to build the county's Board and Care Facilities capacity to serve Yolo County residents experiencing severe mental health issues.

MHSA General Standards Addressed

This project is consistent with the following MHSA general standards:

- **Community Collaboration**. This project relies heavily on the engagement of County stakeholders in gathering the information needed to fully define the problem and its roots. Community members, consumers and other stakeholders will then participate actively in collaborating on designing solutions and programs to address the identified challenges.
- **Cultural Competence**. The varied demographic characteristics of County behavioral health consumers contribute to the need for culturally appropriate services and supports for these populations. This INN project will increase a consumer's ability to access relevant services by ultimately creating more Board and Care capacity inside Yolo County. By creating capacity for consumers to access Board and Care services in their community, consumers are able to remain part of their family and cultural systems.
- **Wellness, Recovery, and Resiliency-focused**. The proposed INN program will ultimately provide increased capacity for consumers to live in Board and Care facilities inside Yolo County, increasing their wellness and contributing to their recovery. It also facilitates consumers to stay in their community of origin, which improves resiliency.
- **Integrated Service Experience**. The project supports the capacity of providers to engage with each other collaboratively by allowing for consumers to receive mental health services and to also live at a Board and Care inside Yolo County, streamlining their service experience.

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Contribution to Learning

The challenges around Board and Care facilities discussed above are not unique to Yolo County. Other California counties experience similar issues, especially counties that are also mid-sized: too small to support the Board and Care capacity of Sacramento, Los Angeles, or other large counties, but too large for the challenge to be easily overcome by placing the small number of consumers affected in a smaller county in Board and Care facilities away from their community of origin. Other counties, including Yolo, have tried to use financial incentives, specifically through augmented or patch payments to Board and Care facilities, although financial incentives alone do not appear to be adequate to address the shortage of Board and Care placements.

By implementing the two-phased Board and Care Study Project, Yolo County will increase understanding of the dynamics underlying the board and care shortage, identify strategies to increase board and care availability for those with the highest degree of need, and develop an implementation plan to test the strategies developed during this study project.

Key Learning Questions

Does the Board and Care Study Project lead to:

- Increased understanding of the dynamics underlying the Board and Care shortage?
- Identification of strategies and incentives to increase the Board and Care bed capacity?
- Identification of capacity building approaches to incentivize the placement of consumers with the most intense service needs in available Board and Care beds?
- An implementation plan to increase access to Board and Care placement for those with the most intense service needs?

Board and Care Study Project

- **These are proposed INN programs and budgets pending MHSOAC Approval.*

Goals and Objectives			
Goal:	To expand and augment mental health services to enhance service access, delivery and recovery as directed by the project research.		
Total Proposed Budget Amount:	**$1,159,075 *For all INN projects**	**Proposed Budget Amount FY 17 - 18:**	**$77,500**

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First Responders' Initiative

Project Purpose

☐ Increase access to underserved groups

☒ Increase the quality of services, including better outcomes

☒ Promote interagency and community collaboration

☒ Increase access to services

The County, with its distinct geographic, cultural, and socio-economic characteristics, has the unique challenge of providing services to diverse groups and communities that are also geographically varied, and must contend with the need for flexible service delivery, cultural competency across groups, transportation, and access to services across a vast territory. During the community planning process, stakeholders identified a gap between evidence based crisis services that pair law enforcement with clinical staff to respond to psychiatric emergency calls and connecting people transitioning from hospitals and/or jails with mental health services.

This Innovation project responds to Yolo County stakeholders who have identified a need for improved collaboration between non-law enforcement first responders and other service providers, as well as with the consumers themselves. Though Yolo County's utilization patterns do not support a Crisis Stabilization Unit, stakeholders have expressed a need for greater options for consumers in crisis. The First Responders' Initiative responds to both needs by: 1) building upon the forensic multidisciplinary team (FMDT) model and integrates non-law enforcement first responders such as Emergency Departments, EMT/paramedics, dispatch, CIP homeless outreach, and fire; and 2) creating a mental health urgent care site, which will serve as an alternative to the emergency department and/or jail for consumers not requiring emergency services or an arrest to promote public safety. The mental health urgent care center will be co-located with a Community-based drop-in navigation center, increasing access to both services for consumers, and providing opportunities or linkages to further services after the immediate incident has resolved.

Project Description

Identified Need

When first responders encounter someone experiencing a mental health crisis, the options for intervention are limited and include supporting the person to remain where they are or transporting them to the emergency department (ED). If the person has a co-occurring disorder and is in possession of substances and/or paraphernalia or if they are suspected of committing a crime, they may also be arrested and taken to jail. At the ED, discharge options after business hours are limited in that the person may either be discharged back to the community, hospitalized, or referred to crisis residential. First responders as well as mental health stakeholders have suggested that it may be useful to develop alternative sites where first responders or family/friends can take someone who doesn't require emergency intervention but requires more support than remaining where they are.

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Recognizing that there is a group of individuals throughout the county who have regular contact with first responders, including EDs, this suggests that there is also opportunity to proactively identify people and develop shared plans for the next first responder contact to divert from ED, jail, and hospital stays by improving communication as well as leveraging an alternative drop-off location.

Services Description

Though the FRI features two new services to Yolo County, the first-responder enhanced MDT and the mental health urgent care center, only the former is an innovative strategy. Though FMDTs are commonly used, non-law enforcement MDT membership is innovative. This project builds upon the well-established practice of the forensic multidisciplinary team model and responds with an innovation specific to the identified needs in Yolo County.

In addition to acting as a critical collaborative care resource for providers and consumers, the FRI will improve consumer recovery outcomes by: 1) Interrupting the cycle of first response calls that result in removal from the community; 2) Combining the FRI with the mental health urgent care and Navigation Center resources to provide a safe alternative to hospitalization; and 3) Increasing intervention skills and knowledge for non-law enforcement first responders.

Forensic Multi-Disciplinary Teams

Multidisciplinary teams are used to address any context where applying a diversity of resources, knowledge, skills, and abilities to case planning and treatment is beneficial. Caution is advised when deciding on the size of a MDT, as research indicates that the size/level of multidisciplinary of the team is not proportional to its effectiveness[7]. Instead, multiple factors impact efficacy of the MDT, such as staffing by the most appropriate providers who work within a clearly defined set of objectives and roles relevant to the care of the consumers in question[8]. Effective MDTs feature a membership that shares a common philosophy in the care of consumers and customizes that philosophy's operationalization to the needs of the individual[9].

Regardless of context and composition, MDTs are comprised of members from different professional fields and organizations and typically meet in intervals ranging from once per month to weekly in order to review cases and create or modify a treatment or intervention plan as a group. Forensic multidisciplinary teams integrate law enforcement in order to best plan for and serve consumers who

[7]Fay, D., Borrill, C., Amir, Z., Haward, R. and West, M. A. (2006), Getting the most out of multidisciplinary teams: A multi-sample study of team innovation in health care. Journal of Occupational and Organizational Psychology, 79: 553–567.

[8]Nic a Bháird, C., Xanthopoulou, P., Black, G., Michie, S., Pashayan, N. and Raine, R. (2016) 'Multidisciplinary team meetings in community mental health: A systematic review of their functions', Mental Health Review Journal, 21(2), pp. 119–140.

[9]Orovwuje, P. (2008) 'Contemporary challenges in forensic mental health: The ingenuity of the Multidisciplinary team', Mental Health Review Journal, 13(2), pp. 24–34.

frequently interact with law enforcement, and plan specifically for handling crises or emergencies from the perspective of law enforcement.

First Responders Modification

The forensic multi-disciplinary team (FMDT) is a robust practice that provides a treatment team integrating law enforcement and multiple other disciplines (often psychiatry, social work, nursing, occupational therapists, etc.) in support of community members with identified mental health needs who have frequent interactions with the criminal justice system. Traditionally, the FMDT model excluded non-law enforcement first responders such as EMT/paramedics and firefighters. FRI will utilize an MDT approach similar to the MDFT, but utilizes non-law enforcement first responders as members in order to meet the needs of consumers who frequently interact with EMT/paramedics and fire services.

The FRI model will bridge the gap stakeholders repeatedly identified during the CPP process between first response services and mental health services by integrating a non-law enforcement first responders into MDT teams. The purpose of the modification is for the MDT to be able to respond to the needs of consumers who frequently interact with first responders due to mental health crises. The MDT, including the first responder, will create a unified intervention plan for the consumer that provides an intervention plan for encounters with the consumer.

Mental Health Urgent Care

The mental health urgent care center is also a critical component of the FRI. The mental health urgent care center would operate on a 16-hour per day, 7-day per week schedule to ensure that the needs of consumers present in the center are met. While present in the mental health urgent care, consumers would have access to supportive staff and welcoming facilities where they could de-escalate and receive support. It provides a safe, welcoming, service-connected place for consumers who are experiencing a mental health crisis but whose challenges are not severe enough to require being taken to the emergency department. As part of the plan developed during the MDT meeting, the first responders will be able to implement a consumer's crisis plan to go to the mental health urgent care center instead of the emergency department, when appropriate.

MHSA General Standards Addressed

This project is consistent with the following MHSA general standards:

- **Community Collaboration**. This project contributes to increased engagement of County first responders into the behavioral health community structure, thus improving communication across providers and emergency care services.
- **Cultural Competence**. The varied demographic characteristics of County behavioral health consumers contribute to the need for culturally appropriate services and supports for these populations. This INN project will increase consumer's ability to access relevant services by improving first responders' understanding of consumer needs.

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- **Wellness, Recovery, and Resiliency-focused**. The proposed INN program focuses on wellness and recovery as it encourages first responders to take an active role in consumer case planning, expanding their understanding of mental health and feeding back their unique perspective as first responders into the MDT. The FRI allows the first responder to engage in tracking wellness and recovery goals as a member of the MDT, and provides access to the resources and services that are necessary to reach those goals. It also provides the mental health urgent care as a community-based option for supporting consumers in recovering from crisis without the need for hospitalization.
- **Integrated Service Experience**. The project supports the capacity of providers to engage with each other collaboratively to provide the services necessary to address consumer needs. FRI increases information sharing to the network of individuals important to the consumer's recovery to integrate input from first responders when appropriate.

Implementation

Implementation considerations for the FRI include:

- **Obtaining space**. Mental health urgent care will be co-located with one of the County's new Navigation Centers. The space requires a welcoming common areas for consumers in the mental health urgent care setting.
- **Establishing team and mental health urgent care parameters**. Parameters, including policies and procedures, will be developed prior to the implementation of the FRI. These will be continually developed and updated as part of an ongoing plan-do-study-act (PDSA) cycle.
- **Team creation**. Criteria for first responders who wish to be included in the project will be developed, and identified individuals provided with relevant training before becoming active on the MDT.
- **Pilot implementation.** During 36 months of pilot implementation, ongoing as well as interval process and outcome studies will be performed to provide continuous quality improvement to the project. Any factors that have shown to limit implementation scope or program capacity will be carefully evaluated and considered during the pilot stage and modifications will be made as necessary prior to full implementation.
- Full implementation. Following the conclusion of the pilot phase of the project, results of the study will be integrated into the final program design for full implementation. During this phase of the project, the FRI will continue to be evaluated at regular intervals for process and outcome measures to ensure that program goals are being achieved.

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Contribution to Learning

Implementation of integrative care via multidisciplinary team approaches has been shown to have positive impacts on health outcomes and behavior changes when used in the management of complicated mental health conditions. The aim of this integration is to improve the experience of the consumer while engaging with a first responder in a crisis situation. This program meets Innovation criteria by adapting the proven FMDT approach and adding another group to the membership that have never previously been part of a mental health focused MDT. The project will contribute to learning on integrating non-law enforcement first responders in a community mental health setting. Little research has been conducted on the mental health and behavioral impacts of first responder interventions outside of a law enforcement context, however, the process of engaging relevant professionals in the management of consumer has been shown to have positive impacts on the health and behavior outcomes of consumers. For some consumers who have frequent or significant contacts with first responders, this project holds the potential for significant quality of encounter improvement, decreases in hospital admissions and arrests, and improvement on mental health outcomes. Additionally, information gained from having first responders on consumer's MDTs will aid in the continuous quality improvement process by adding a fresh perspective to the teams. Finally, engaging county first responders in a consumer-driven care management system will facilitate their professional growth and expand their knowledge, skills, and abilities.

Key Learning Questions

- Does utilizing the FRI lead to decreased hospital admissions and arrests related to first response situations?
- Does utilizing the FRI lead to increased non-hospital service access and utilization following a first response situation?
- How will implementation of the FRI increase the wellness and recovery of participating consumers?
- How does FRI implementation contribute to improved collaboration 1) between providers and 2) between consumers and their providers?

Evaluation

During INN program implementation, HHSA will conduct a concurrent evaluation process, beginning with an evaluation design utilizing information from initial implementation to concretize process and outcome measures. Process indicators measure to what extent the program was implemented as intended, while outcome measures will provide information on the impact of the program on participants, community, and the mental health system overall.

The County will measure program success using both process and outcome indicators. Evaluators will work to identify data points and evaluation methods that will be used to measure program implementation and impact. Data points may include baseline and ongoing individuals level consumer data from wellness surveys, utilization and other data from HHSA, and other sources as identified during

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the evaluation design. Successful outcomes from the project would support broader implementation of an FRI model in community mental health settings with consumers who utilize emergency response services in the context of their mental health needs. The County will measure program success by engaging County stakeholders in a collaborative evaluation, engaging stakeholders to design and implement an evaluation of the FRI.

Key Learning Question	Potential Process Measures	Potential Outcome Measures	Potential Data Source(s)
1. Does utilizing the FRI lead to decreased hospital admissions and arrests related to first response situations?	❖ MDT participation ❖ # of hospital admissions ❖ # of arrests ❖ # of mental health urgent care visits	❖ # of closed encounters without removal from the community ❖ # of closed encounters with transport to the mental health urgent care ❖ # of closed encounters with hospital or arrest outcome ↑ perceptions of service quality and relevance	❖ FRI usage data ❖ FRI referral data ❖ HHSA utilization data
2. Does utilizing the FRI lead to increased non-hospital service access and utilization following a first response situation?	❖ # of non-hospital services referred during FR encounter ❖ # of referred services utilized following FR encounter ❖ # of non-hospital services referred at MHUC ❖ # of referred services utilized following MHUC	↑ service receipt by FRI users following encounter ↑ perceptions of service quality and relevance	❖ FRI usage data ❖ FRI referral data ❖ HHSA utilization data
3. How will implementation of the FRI increase the wellness and recovery of participating consumers?	❖ # of MDT meetings attended by non-LE first responder members	↑ awareness of appropriate services for non-LE first responders ↑ consumer experience of care ↑ consumer perceptions of wellness/recovery	❖ FRI usage data ❖ FRI referral data ❖ HHSA utilization data ❖ Consumer wellness survey
4. How does FRI implementation contribute to improved collaboration 1) between providers, and 2) between consumers and their providers?	❖ # of MDT meetings integrating non-LE first responders	↑ Increased stakeholder perceptions of system-wide collaboration ❖ Consumer perception of collaboration with first responders	❖ FRI usage data ❖ Collaboration survey tools (e.g., Wilder Collaboration Factors Inventory)

DRAFT

First Responders' Initiative

Goals and Objectives			
Goal:	To expand and augment mental health services to enhance service access, delivery and recovery as directed by the project research.		
Total Proposed Budget Amount:	**$1,159,075 *For all INN projects**	**Proposed Budget Amount FY 17 - 18:**	**$500,000**

- **These are proposed INN programs and budgets pending MHSOAC approval*

DRAFT

MHSA Three-Year Expenditure Plan

The documents enclosed in the following section are submitted in compliance with the Mental Health Services Oversight and Accountability Commission's (MHSOAC) *FY 17-18 Through FY 19-20 MHSA Three-Year Program and Expenditure Plan Submittals* (www.mhsoac.ca.gov) instructions for documenting the expenditure of the proposed MHSA programs.

DRAFT

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Funding Summary

County: YOLO Date: 2/10/17

DRAFT

	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 2017/18 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	3,862,858	2,127,792	382,136	152,869	1,443,150	
2. Estimated New FY2017/18 Funding	7,985,409	2,180,000	537,000			
3. Transfer in FY2017/18[a/]	(741,481)			479,631	86,850	175,000
4. Access Local Prudent Reserve in FY2017/18						0
5. Estimated Available Funding for FY2017/18	11,106,786	4,307,792	919,136	632,500	1,530,000	
B. Estimated FY2017/18 MHSA Expenditures	8,411,675	2,885,625	664,125	632,500	1,530,000	
C. Estimated FY2018/19 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	2,695,111	1,422,167	255,011	0	0	
2. Estimated New FY2018/19 Funding	8,061,608	2,180,000	539,032			
3. Transfer in FY2018/19[a/]	(951,250)			517,500	258,750	175,000
4. Access Local Prudent Reserve in FY2018/19						0
5. Estimated Available Funding for FY2018/19	9,805,469	3,602,167	794,043	517,500	258,750	
D. Estimated FY2018/19 Expenditures	8,411,675	2,891,375	666,500	517,500	258,750	
E. Estimated FY2019/20 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	1,393,794	710,792	127,543	0	0	
2. Estimated New FY2019/20 Funding	8,061,608	2,180,000	539,032			
3. Transfer in FY2019/20[a/]	(951,250)			517,500	258,750	175,000
4. Access Local Prudent Reserve in FY2019/20						0
5. Estimated Available Funding for FY2019/20	8,504,152	2,890,792	666,575	517,500	258,750	
F. Estimated FY2019/20 Expenditures	8,504,152	2,890,792	666,575	517,500	258,750	
G. Estimated FY2019/20 Unspent Fund Balance	0	0	0	0	0	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2017	514,069
2. Contributions to the Local Prudent Reserve in FY 2017/18	175,000
3. Distributions from the Local Prudent Reserve in FY 2017/18	0
4. Estimated Local Prudent Reserve Balance on June 30, 2018	689,069
5. Contributions to the Local Prudent Reserve in FY 2018/19	175,000
6. Distributions from the Local Prudent Reserve in FY 2018/19	0
7. Estimated Local Prudent Reserve Balance on June 30, 2019	864,069
8. Contributions to the Local Prudent Reserve in FY 2019/20	175,000
9. Distributions from the Local Prudent Reserve in FY 2019/20	0
10. Estimated Local Prudent Reserve Balance on June 30, 2020	1,039,069

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: YOLO Date: 2/10/17

DRAFT

	Fiscal Year 2017/18					
	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	832,550	595,000	237,550			
2. Pathways to Independence (TAY)	832,550	595,000	237,550			
3. Adult Wellness Alternatives/Intensive	4,325,000	3,200,000	1,125,000			
4. Older Adult Outreach and Assessment	832,550	595,000	237,550			
5. Residential Treatment Services	1,220,000	920,000	300,000			
Non-FSP Programs						
1. Children's Mental Health/GSD	70,000	50,000	20,000			
2. Pathways to Independence (TAY)/GSD	70,000	50,000	20,000			
3. Adult Wellness Alternatives/Moderate/GSD	225,000	165,000	60,000			
4. Older Adult Outreach and Assessment/GSD	70,000	50,000	20,000			
5. Navigation Centers	950,500	770,500	180,000			
6. Mobile Tele-Mental Health	195,000	160,000	35,000			
7. Peer and Family Member-Led Support Svcs.	100,000	100,000	0			
8. Community Planning Process	64,000	64,000	0			
CSS Administration	1,466,275	1,097,175	369,100			
CSS MHSA Housing Program Assigned Funds						
Total CSS Program Estimated Expenditures	11,253,425	8,411,675	2,841,750	0	0	0
FSP Programs as Percent of Total	71.4%					

DRAFT	Fiscal Year 2018/19					
	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	832,550	595,000	237,550			
2. Pathways to Independence (TAY)	832,550	595,000	237,550			
3. Adult Wellness Alternatives/Intensive	4,325,000	3,200,000	1,125,000			
4. Older Adult Outreach and Assessment	832,550	595,000	237,550			
5. Residential Treatment Services	1,220,000	920,000	300,000			
Non-FSP Programs						
1. Children's Mental Health/GSD	70,000	50,000	20,000			
2. Pathways to Independence (TAY)/GSD	70,000	50,000	20,000			
3. Adult Wellness Alternatives/Moderate/GSD	225,000	165,000	60,000			
4. Older Adult Outreach and Assessment/GSD	70,000	50,000	20,000			
5. Navigation Centers	950,500	770,500	180,000			
6. Mobile Tele-Mental Health	195,000	160,000	35,000			
7. Peer and Family Member-Led Support Svcs.	100,000	100,000	0			
8. Community Planning Process	64,000	64,000	0			
CSS Administration	1,466,275	1,097,175	369,100			
CSS MHSA Housing Program Assigned Funds						
Total CSS Program Estimated Expenditures	11,253,425	8,411,675	2,841,750	0	0	0
FSP Programs as Percent of Total	71.4%					

DRAFT

DRAFT

	Fiscal Year 2019/20					
	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	832,550	595,000	237,550			
2. Pathways to Independence (TAY)	832,550	595,000	237,550			
3. Adult Wellness Alternatives/Intensive	4,325,000	3,200,000	1,125,000			
4. Older Adult Outreach and Assessment	832,550	595,000	237,550			
5. Residential Treatment Services	1,220,000	920,000	300,000			
Non-FSP Programs						
1. Children's Mental Health/GSD	70,000	50,000	20,000			
2. Pathways to Independence (TAY)/GSD	70,000	50,000	20,000			
3. Adult Wellness Alternatives/Moderate/GSD	225,000	165,000	60,000			
4. Older Adult Outreach and Assessment/GSD	70,000	50,000	20,000			
5. Navigation Centers	950,500	770,500	180,000			
6. Mobile Tele-Mental Health	195,000	160,000	35,000			
7. Peer and Family Member-Led Support Svcs.	100,000	100,000	0			
8. Community Planning Process	145,215	145,215	0			
CSS Administration	1,479,387	1,108,437	370,950			
CSS MHSA Housing Program Assigned Funds						
Total CSS Program Estimated Expenditures	11,347,752	8,504,152	2,843,600	0	0	0
FSP Programs as Percent of Total	70.8%					

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: YOLO Date: 2/10/17

DRAFT

	Fiscal Year 2017/18					
	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 -- Access and Linkage						
1. Early Childhood MH Access and Linkage	300,000	225,000	75,000			
2. School-Based Access/Urban Districts	200,000	200,000				
3. School-Based Access/Rural Districts	120,000	120,000				
4. TAY Welcome to Wellness Services	385,000	280,000	105,000			
Early Intervention						
5. School-Based Mentorship/Strengths-Bldg., U	250,000	250,000				
6. School-Based Mentorship/Strengths-Bldg., R	150,000	150,000				
7. Senior Peer Counseling Program	50,000	50,000				
Prevention						
8. Youth Early Intervention/Access and Linkag	260,000	180,000	80,000			
Outreach/Recognition of Signs of Mental Illness						
9. Early Signs Training and Assistance	350,000	350,000				
10. Crisis Intervention Training	50,000	50,000				
11. SB 82 Crisis Intervention Prog. Augmentation	950,000	300,000	150,000			500,000
Stigma and Discrimination Reduction						
12. TAY Speakers' Bureau	25,000	25,000				
13. Latino Outreach/MH Promotores Program	280,000	257,500	22,500			
14. LGBT+ Initiative	50,000	50,000				
PEI Administration	432,750	373,125	59,625			
PEI Assigned Funds (CalMHSA JPA)	25,000	25,000				
Total PEI Program Estimated Expenditures	3,877,750	2,885,625	492,125	0	0	500,000

DRAFT

	Fiscal Year 2018/19					
	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 -- Access and Linkage						
1. Early Childhood MH Access and Linkage	300,000	225,000	75,000			
2. School-Based Access/Urban Districts	200,000	200,000				
3. School-Based Access/Rural Districts	120,000	120,000				
4. TAY Welcome to Wellness Services	385,000	285,000	100,000			
Early Intervention						
5. School-Based Mentorship/Strengths-Bldg., U	250,000	250,000				
6. School-Based Mentorship/Strengths-Bldg., R	150,000	150,000				
7. Senior Peer Counseling Program	50,000	50,000				
Prevention						
8. Youth Early Intervention/Access and Linkag	260,000	180,000	80,000			
Outreach/Recognition of Signs of Mental Illness						
9. Early Signs Training and Assistance	350,000	350,000				
10. Crisis Intervention Training	50,000	50,000				
11. SB 82 Crisis Intervention Prog. Augmentatior	950,000	300,000	150,000			500,000
Stigma and Discrimination Reduction						
12. TAY Speakers' Bureau	25,000	25,000				
13. Latino Outreach/MH Promotores Program	280,000	257,500	22,500			
14. LGBT+ Initiative	50,000	50,000				
PEI Administration	433,500	373,875	59,625			
PEI Assigned Funds (CalMHSA JPA)	25,000	25,000				
Total PEI Program Estimated Expenditures	3,878,500	2,891,375	487,125	0	0	500,000

DRAFT

	Fiscal Year 2019/20					
	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 -- Access and Linkage						
1. Early Childhood MH Access and Linkage	300,000	225,000	75,000			
2. School-Based Access/Urban Districts	200,000	200,000				
3. School-Based Access/Rural Districts	120,000	120,000				
4. TAY Welcome to Wellness Services	385,000	285,000	100,000			
Early Intervention						
5. School-Based Mentorship/Strengths-Bldg., U	250,000	250,000				
6. School-Based Mentorship/Strengths-Bldg., R	150,000	150,000				
7. Senior Peer Counseling Program	50,000	50,000				
Prevention						
8. Youth Early Intervention/Access and Linkag	260,000	180,000	80,000			
Outreach/Recognition of Signs of Mental Illness						
9. Early Signs Training and Assistance	350,000	350,000				
10. Crisis Intervention Training	50,000	50,000				
11. SB 82 Crisis Intervention Prog. Augmentation	950,000	300,000	150,000			500,000
Stigma and Discrimination Reduction						
12. TAY Speakers' Bureau	25,000	25,000				
13. Latino Outreach/MH Promotores Program	280,000	257,500	22,500			
14. LGBT+ Initiative	50,000	50,000				
PEI Administration	432,917	373,292	59,625			
PEI Assigned Funds (CalMHSA JPA)	25,000	25,000				
Total PEI Program Estimated Expenditures	3,877,917	2,890,792	487,125	0	0	500,000

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan

Workforce, Education and Training (WET) Component Worksheet

County: YOLO Date: 2/10/17

DRAFT

	Fiscal Year 2017/18					
	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 Coordinator (Including Cultural Competenc	160,000	120,000	40,000			
WET Programs						
1. Mental Health Professional Developme	260,000	260,000				
2. Clinical Training Program	80,000	80,000				
3. Psychiatry Internship	50,000	50,000				
4. Peer Workforce Development Workgro	40,000	40,000				
WET Administration	82,500	82,500				
Total WET Program Estimated Expenditures	672,500	632,500	40,000	0	0	0

DRAFT

	Fiscal Year 2019/20					
	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 Coordinator (Including Cultural Competenc	160,000	120,000	40,000			
WET Programs						
1. Mental Health Professional Developme	160,000	160,000				
2. Clinical Training Program	80,000	80,000				
3. Psychiatry Internship	50,000	50,000				
4. Peer Workforce Development Workgro	40,000	40,000				
WET Administration	67,500	67,500				
Total WET Program Estimated Expenditures	557,500	517,500	40,000	0	0	0

DRAFT

	Fiscal Year 2019/20					
	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 Coordinator (Including Cultural Competenc	160,000	120,000	40,000			
WET Programs						
1. Mental Health Professional Developme	160,000	160,000				
2. Clinical Training Program	80,000	80,000				
3. Psychiatry Internship	50,000	50,000				
4. Peer Workforce Development Workgro	40,000	40,000				
WET Administration	67,500	67,500				
Total WET Program Estimated Expenditures	557,500	517,500	40,000	0	0	0

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FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan

Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: YOLO Date: 2/15/17

DRAFT

	Fiscal Year 2017/18					
	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. Davis Wellness Center Remodel	375,000	375,000				
2. Acquisition & Rehab: Res Treatment Cn	1,000,000	1,000,000				
CFTN Programs - Technological Needs Projects						
1. IT Hardware, Software, Subscription Svc	75,000	75,000				
	0					
CFTN Administration	80,000	80,000				
Total CFTN Program Estimated Expenditures	1,530,000	1,530,000	0	0	0	0

DRAFT

	Fiscal Year 2018/19					
	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. MHSA Capitalized Repair/Replacement Reser	75,000	75,000				
CFTN Programs - Technological Needs Projects						
1. IT Hardware, Software, Subscription Svc	150,000	150,000				
	0					
CFTN Administration	33,750	33,750				
Total CFTN Program Estimated Expenditures	258,750	258,750	0	0	0	0

DRAFT

	Fiscal Year 2019/20					
	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. MHSA Capitalized Repair/Replacement Reser	75,000	75,000				
CFTN Programs - Technological Needs Projects						
1. IT Hardware, Software, Subscription Svc	150,000	150,000				
CFTN Administration	33,750	33,750				
Total CFTN Program Estimated Expenditures	258,750	258,750	0	0	0	0

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan

Innovations (INN) Component Worksheet

County: YOLO Date: 2/10/17

DRAFT

	Fiscal Year 2017/18					
	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
***PROPOSED* INN Programs** (MHSOAC Approval Pending)						
1. Research Proj.: Increase Board/Care Housir	75,000	77,500				
2. First Responders' Initiative: MH Urgent Car	2,150,000	500,000	150,000			1,500,000
INN Administration	109,125	86,625	22,500			
Total INN Program Estimated Expenditures	2,334,125	664,125	172,500	0	0	1,500,000

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	Fiscal Year 2019/20					
	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. Funding for approved INN project(s)	579,575	579,575				
INN Administration	87,000	87,000				
Total INN Program Estimated Expenditures	666,575	666,575				

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	Fiscal Year 2018/19					
	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. Funding for approved INN project(s)	579,500	579,500				
INN Administration	87,000	87,000				
Total INN Program Estimated Expenditures	666,500	666,500	0	0	0	0

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Appendices

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Appendix 1: Community Planning Process Activity Feedback Form

MHSA Community Program Planning Process Feedback Form

Thank you for your involvement in the Community Planning Process for Yolo County's Mental Health Service Act Three-Year Program and Expenditure Plan. 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 community planning process captured the mental health needs in Yolo County.				
2. The community planning process reflects my opinions/ideas about how to improve mental health services.				
3. The community planning process and plan will strengthen mental health services in Yolo County.				
4. The community planning process is in alignment with MHSA values.				
	Poor	**Fair**	**Good**	**Excellent**
5. Overall, how would you rate the quality of facilitation throughout this planning process?				

6. Are there specific issues or topics that are important to consider in the MHSA plan?

7. What specific priorities do you have for this next 3-year-plan?

Thank you!

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Appendix 2: Community Planning Process Kickoff Email Announcement

From: Joan Beesley
Sent: Thursday, 20 October 2016
To: Joan Beesley
Subject: Community Planning is Underway for the New MHSA 3-Year Plan!

An Important Message to our Mental Health Services Act Community Stakeholders:

Yolo County has begun the Community Planning Process for its MHSA Three-Year Program and Expenditure Plan for Fiscal Years 2017-18, 2018-19 and 2019-20. To gather the information necessary to help us draft the new MHSA plan, consultants from Resource Development Associates (RDA) will be connecting with our stakeholders over the next few weeks. RDA will hold a number of focus groups, they will interview individuals working within the public system of services (referred to as "key informants") and they will survey clients and other local populations.

For all community members who want to know more about the MHSA Community Planning Process, please note: On Monday, October 24, 2016, Roberta Chambers of RDA will present to the Yolo County Local Mental Health Board on the Community Planning Process for the new MHSA Three-Year Program and Expenditure Plan. The Local Mental Health Board meeting will begin at 7:00 p.m., at the Board of Supervisor's Conference Room at 600 A Street, Davis. This meeting is open to the public—you are welcome to attend.

Also, for your information, here is a link to the schedule of meetings related to the Community Planning Process: http://www.yolocounty.org/home/showdocument?id=38686.

- If you are a client receiving mental health services from Yolo County HHSA and/or its local provider agencies and you identify with a particular client population of focus listed on the schedule (such as Older Adult, Latino or LGBTQ), please consider participating in that focus group. If you have questions or need transportation assistance, call 530-666-8537.

- If you represent a service provider or other agency with whom we collaborate, we hope you will participate in a corresponding focus group meeting (i.e., for CBO agencies, staff (including provider staff), etc.).

- To any and all community stakeholders—mental health clients, their family members, county staff, provider staff, agency representatives, interested residents of Yolo County—you may attend any or all three of the summits to be held December 6th, 7th and 9th. These summits will focus on individual Systems of Care (for Children, Youth, Adults, Older Adults) and on key MHSA Components (Workforce Education; Innovation; Facilities and Technology). More information will be forthcoming, so please save these dates!

This e-mail contains a lot of important information, yet we couldn't say everything. If you have questions, please feel free to call me at (530) 666-8536 or Kellymarie at (530) 666-8537.

To quote Roberta Chambers of RDA, "The MHSA requires 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." We sincerely hope you will be part of Yolo County's meaningful stakeholder process.

Thank you,

Joan

Joan Beesley
Mental Health Services Act Program Manager
Yolo County Health and Human Services Agency
(530) 666-8536
Joan.beesley@yolocounty.org

DRAFT

Appendix 3: Community Planning Process Kickoff Presentation

YOLO COUNTY:
MHSA THREE-YEAR PROGRAM AND EXPENDITURE PLAN 2017 - 2020

September 26, 2016

Resource Development Associates

About RDA

4

- Established in 1984 in Oakland, CA
- Systems approach to organizational development, planning, evaluation, and grant writing
- Consumer-focused, outcome-based, efficient and effective use of resources
- History of working with Yolo County, including:
  - LMHB Strategic Plan
  - MHSA Three-Year Program & Expenditure Plan FY 14-17 and Annual Update(s)
  - SB82 Grant Writing
  - CIP Evaluation
  - ACT Fidelity Assessment

R D A Community Planning Process

Agenda

2

- Introduction to RDA
- Overview of MHSA
- Community Planning and Stakeholder Engagement
- MHSA 3-Year Update Activities & Timeline
- Questions and Input

RDA Team

5

- **Roberta Chambers, PsyD** — Project Director
- **Kelechi Ubozoh** — Project Manager
  - **Lark Baum-Kailasam, MSW/MS** — Project Support
  - **Christopher Ndubuizu, MPH** — Project Support
  - **Lupe Garcia** — Project Support

3 Introduction to RDA

6 Overview of MHSA

MHSA Overview

7

- Passed in 2004, MHSA (Prop 63) provides a 1% income tax on income over $1 million
- Purpose is to "expand and transform" the mental health system according to MHSA values
- Intended to address the needs of unserved, under served, and inappropriately served consumers

MHSA Components

8

- Community Services and Supports (CSS)
  - Makes up **75- 80%** of annual MHSA allocation
  - At least ½ of CSS funding must go to Full Service Partnerships
- Prevention and Early Intervention (PEI)
  - New regulations that govern PEI funding
  - Makes up **15- 20%** of annual MHSA allocation
- Innovation (INN)
  - Can be up to **10%** of annual MHSA allocation
  - New regulations that govern INN funding
  - Must be novel approach that improves service access, quality, or outcomes
- Workforce Education and Training (WET)
  - 10 year allocation to support workforce development
- Capital Facilities and Information Technology (Cap/IT)
  - 10 year allocation to support infrastructure development

Community Program Planning Process

9

The MHSA requires 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.** Since updates to the law in 2012, this includes:

- 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)

10 MHSA Three Year Program and Expenditure Community Program Planning (2017- 2020)

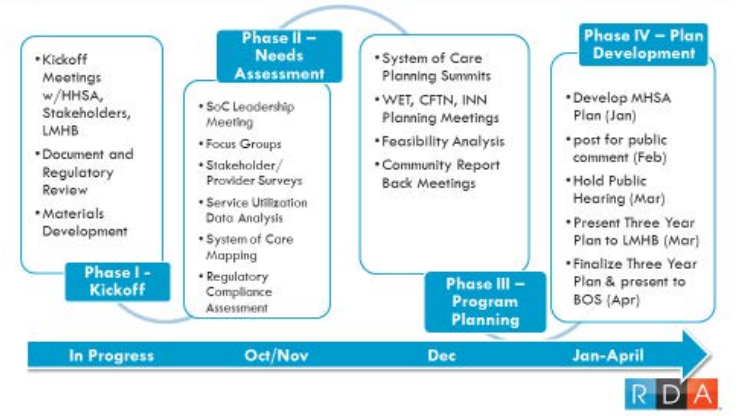
2016 Context

11

- Since the last Three Year Program and Expenditure Plan:
  - HHSA is now an integrated agency.
  - There are new PEI and INN regulations that govern programs and expenditures.
- There are lessons learned from 2014-2017 CPP process and plan:
  - More program and finance data is available to inform the CPP process.
  - Stakeholders may be more able to meaningfully engage in discussions around system of care versus MHSA components.
  - There may be more effective ways to gather input from specific stakeholder groups.

MHSA Planning Activities and Timeline

12



Yolo MHSA Stakeholder Engagement and Data Collection

13

RDA will engage stakeholders and collect data via:

- Analysis of service utilization data
- System of Care Leadership meeting
- Stakeholder surveys
- Focus groups with:

Community Members	Staff/ Providers	Other Agencies
Transitional aged youth (2)	County staff (2)	Law Enforcement/Criminal Justice (1)
Adult consumer (2)	Peer Support staff (1)	Education (1)
Families of adult consumers (1)	CBOs serving kids (1)	Board of Care/Residential Providers (1)
Homeless consumer (1)	CBO serving adults (1)	
Latino rural (1)		
Older adult (1)		
Eastern European/Russian (1)		

How can stakeholders stay up to date?

15

- Provide RDA with your name and email address for announcements
- Attend focus groups and community meetings
- Attend the Local Mental Health Board meetings for the latest progress on our planning efforts
- Email or call RDA staff with questions
- Contact the Yolo County MHSA Coordinator for upcoming meeting dates and times

14 Stakeholder Discussion

Questions

16

- Do you have any questions and or comments about the CPP process?
- Are there specific issues or topics that are important to consider in the needs assessment?
- What specific priorities do you have for this next 3-year plan?

Thank you!

17 Contact Us:

Roberta Chambers, PsyD
rchambers@resourcedevelopment.net
510.488.4345 x102

Kelechi Ubozoh
kubozoh@resourcedevelopment.net
510.488.4345 x113

Appendix 5: Community Planning Process Kickoff Flyer

DRAFT

Mental Health Services Act (MHSA)
Three-Year Program and Expenditure Plan FY 2017 – 2020
Focus Group Schedule for Community Stakeholder Planning Process

When viewing this electronically for a flyer for each focus group click on the Symbol Next to the Focus Group Title

☒ **Monday, September 26th:**
MHSA Quarterly Community Stakeholder Meeting & Three-Year Program and Expenditure FY 2017-2020 Kick-off 3:30 p.m. – 5:00 p.m. Walker-Thomson Room, Bauer Building

☒ **Tuesday, October 18:**
Homeless Client Focus Group - 1:00 p.m. – 2:30 p.m. Fourth and Hope, Corner of 4th Street & Court Street, Woodland

☒ **Thursday, October 20:**
MHSA CBO Kids Focus Group - 9:00 a.m. – 10:30 a.m. Williams Conference Room, Bauer Building
MHSA CBO Adult Focus Group - 11:30 a.m. – 1:00 p.m. Williams Conference Room, Bauer Building

☒ **Monday, October 24:**
NAMI Family Member Focus Group – 5:00 p.m. – 6:30 p.m. Community Room, 600 A Street, Davis
Davis Client Focus Group - 2:00 p.m. – 3:30 p.m. Community Room, Cesar Chavez Plaza 1220 Olive Drive, Davis

☒ **Thursday, October 27:**
Adult & Older Adult Client Focus Group – 10:00 a.m. – 11:30 a.m. RISE Inc., Community Room 17317 Fremont St., Esparto

☒ **Tuesday, November 1:**
Yolo County Staff Focus Group 8:30 a.m. – 10:00 a.m. Clarksburg Conference Room, Gonzales Building
Office of Education Focus Group – 1:00 p.m. – 2:30 p.m. Yolo Co. Office of Ed. 1280 Santa Anita Ct. # 120, Conf. Center

☒ **Wednesday, November 2:**
Board and Care Residential Workgroup (MHSA Innovation) - 9:30 a.m. – 11:00 a.m., Clarksburg Room, Gonzales Bldg.
Transition-Age Youth Focus Group - 3:30 p.m. – 5:00 p.m. RISE Inc., Community Room 17317 Fremont St., Esparto
Latino Focus Group – 6:00 p.m. – 7:30 p.m. RISE Inc., Community Room 17317 Fremont St., Esparto
LGBTQ Focus Group – 6:00 p.m. – 7:30 p.m. Walker & Thomson Conference Rooms, Bauer Building

☒ **Friday, November 4:**
Peer Support Worker Client Focus Group – 11:00 a.m. – 12:30 p.m. – Room 2404, Bauer Building
MHSA Wellness Center Client Focus Group – 11:00 a.m. – 12: 30 p.m. – Walker Conference Room, Bauer Building
Adult Client Focus Group (open to all clients over age 18) - 1:00 – 2:30 p.m., Walker Conference Room, Bauer Building

☒ **Monday, November 14:**
Law Enforcement Focus Group – Community Corrections Partnership (CCP) Meeting Atrium Training Rm, Yolo Co. Admin Bldg.
Mental Health Provider Stakeholder Focus Group – 3:30 p.m. – 5:00 p.m. – Thomson Conference Room, Bauer Building
Winters Client Focus Group – 6:00 p.m. – 7:30 p.m. – Putah Creek Conference Room, Winters Service Center 111 East Grant Street Winters, CA

☒ **Tuesday, November 15:**
Client and Community Member Focus Group – 3:00 p.m. – 4:30 p.m. – West Sacramento Bldg. B, MHSA Wellness Center
Latino Focus Group – 5:30 p.m. – 7:00 p.m. – West Sacramento Bldg. A, Community Room

Other Key Dates for Community Stakeholder Planning Process

☒ **December 6, 2016:** Children & Transition-Age Youth Systems of Care Summit - 12:00 p.m. – 6:00 p.m. Walker/Thomson Rms., Bauer Building
☒ **December 7, 2016:** Adult and Older Adult Systems of Care Summit – 8:00 a.m. – 5:00 p.m. Thomson Room, Bauer Building
☒ **December 9, 2016:** CFTN, WET, and INN Planning Summit – 8:00 a.m. – 5:00 p.m. Thomson Room, Bauer Building
☒ **January 11, 2017:** Community Stakeholder Report Back Meetings in Woodland, West Sacramento and Esparto
☐ **March 22, 2017:** Local MH Board to hold Public Hearing Bingham Conference Room, Bauer Building
☐ **March 28, 2017:** Present Final Draft of 3-Year Program & Expenditure Plan to Local MH Board
☐ **April 4, 2017:** Finalize 3-Year Program & Expenditure Plan and present to Board of Supervisors

In lieu of a focus group surveys will be available for Russian speakers interested in participating in the Community Planning Process.

Questions? Contact the Yolo County Mental Health Services Act (MHSA) at 530-666-8537.

Updated: 12/12/2016

Appendix 6: Russian Intercept Survey

Yolo County MHSA Three-Year Plan
Russian Interview Guide

Date	
Participant Name	
Interviewee	

Introduction

Thanks for making the time to talk to me today. We are working in partnership with Yolo County to help develop the MHSA Three-Year Program & Expenditure Plan. I will be asking you some questions about the needs of the Russian community. **I will be taking notes to help with the plan, but I won't use your name**

Interview Guide

1. What do you like about the (mental health) services you are receiving?
   Prompt: Is there anything that is helpful? Are there programs you like?

2. What don't you like about services?

3. If you could change one thing what would it be?

4. What do you and your community need?
   Prompt: Do you have any suggestions of good approaches to respond to that need?

5. Is there anything else you would like to add?

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Appendix 7: Adult/Family Member Stakeholder Survey

MHSA Three-Year Program & Expenditure Plan 2017 – 2020: Adult/Family Member Stakeholder Survey

Introduction

Welcome to the Adult/Family Stakeholder Survey! The purpose of this survey is to hear from you about the mental health needs and services in Yolo County. The information you provide will help the Yolo County's Department Health & Human Services improve its services in order to meet the needs of its community members. All of the answers you provide will be confidential and the survey will take about 5 minutes to complete. **We appreciate you taking the time to share your experience with us!**

*(In the questions below, **"Provider"** means: Doctor, psychiatrist, psychologist, therapist, counselor, case manager, practitioner or any professional that provides mental health services.)*

1. **The following questions are about your experience in getting mental health help:**

Obtaining Services	**Not at all true**	**A little bit true**	**Mostly true**	**Very true**	**The Situation Does Not Apply**
I know where to **go** if I or someone needs mental health services.	❑	❑	❑	❑	❑
It is easy for me or my loved one to schedule appointments.	❑	❑	❑	❑	❑
Mental health services are in an accessible location for me.	❑	❑	❑	❑	❑
It is easy for me or my loved one to get to appointments.	❑	❑	❑	❑	❑
I or my loved one was able get an appointment in time.	❑	❑	❑	❑	❑
When I or my loved one is experiencing crisis, it is easy to get the care needed.	❑	❑	❑	❑	❑

2. **The following questions are about your experiences with receiving help:**

Receiving Services	**Not at all true**	**A little bit true**	**Mostly true**	**Very true**	**The Situation Does Not Apply**
The provider asks me or my loved one for my or their opinion.	❑	❑	❑	❑	❑
I or my loved one felt respected by the provider.	❑	❑	❑	❑	❑
Services provided are reflective of my or my loved one's culture.	❑	❑	❑	❑	❑
Services were available in my or my loved one's preferred language.	❑	❑	❑	❑	❑

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3. The following questions are about your experiences with mental health <u>recovery:</u>

Recovery and Outcomes	Not at all true	A little bit true	Mostly true	Very true	The Situation Does Not Apply
The mental health services provided met my or my loved one's needs.	❑	❑	❑	❑	❑
Services have helped me or my loved one with my or their recovery.	❑	❑	❑	❑	❑

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?_____

DRAFT

Appendix 8: Parents with Minor Children Stakeholder Survey

Parents with Minor Children Stakeholder Survey

Introduction

Welcome to the MHSA Parents with Minor Children Stakeholder Survey! The purpose of this survey is to hear from you about the mental health needs and services in Yolo County. The information you provide will help the Yolo County's Department Health & Human Services improve its services in order to meet the needs of its community members. All of the answers you provide will be confidential and the survey will take about 5 minutes to complete. **We appreciate you taking the time to share your experience with us!**

*(In the questions below, **"Provider"** means: Doctor, psychiatrist, psychologist, therapist, counselor, case manager, practitioner or any professional that provides mental health services.)*

1. **The following questions are about your experience in getting mental health help for your child:**

Obtaining Services	**Not at all true**	**A little bit true**	**Mostly true**	**Very true**	**The Situation Does Not Apply**
I know where to **go** if my child needs to access mental health services.	❑	❑	❑	❑	❑
I can schedule appointments for my child that works with my schedule.	❑	❑	❑	❑	❑
Mental health services are in an accessible location for my family.	❑	❑	❑	❑	❑
My child's mental health provider connects my child to other services so he or she can get better.	❑	❑	❑	❑	❑
When my child is experiencing a crisis, it is easy to get he or she help.	❑	❑	❑	❑	❑

2. **The following questions are about your experiences with receiving mental health help:**

Receiving Services	**Not at all true**	**A little bit true**	**Mostly true**	**Very true**	**The Situation Does Not Apply**
Providers care about the well-being of my child and my family.	❑	❑	❑	❑	❑
Providers consider my culture and language needs.	❑	❑	❑	❑	❑
Providers involve me in my child's recovery process.	❑	❑	❑	❑	❑

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3. **The following questions are about your experiences with mental health <u>recovery:</u>**

Recovery and Outcomes	**Not at all true**	**A little bit true**	**Mostly true**	**Very true**	**The Situation Does Not Apply**
Services are available that meet my child's needs.	❑	❑	❑	❑	❑
The services that my child is receiving is improving their mental health.	❑	❑	❑	❑	❑

4. Where do you go to get help for your child? – *select multiple*
   - ☐ Therapist/Family Therapist
   - ☐ Faith-based Center
   - ☐ Community-Based Organization
   - ☐ School Counselor
   - ☐ Hospital
   - ☐ Emergency Room

   Other_____

5. We are interested in knowing about the barriers your child has experienced when trying to seek help. Which of the following statements about your child are true? – *select multiple*
   - ☐ It took too long to be seen after my child needed help/had crisis
   - ☐ The hours of services do not match with my schedule
   - ☐ The appointments are always filled
   - ☐ They tried to get help but there were not enough services available
   - ☐ The services are not provided in my language
   - ☐ The location is inconvenient for me

   Other_____

6. What services do you think you/your family needs the most? – *select multiple*
   - ☐ Medication
   - ☐ Therapy
   - ☐ Case management
   - ☐ School Support
   - ☐ Peer Mentor
   - ☐ Income assistance
   - ☐ Housing assistance
   - ☐ Food support

   Other_____

DRAFT

7. **The following questions are about your experiences with mental health recovery:**

Recovery and Outcomes	Not at all true	A little bit true	Mostly true	Very true	The Situation Does Not Apply
The mental health services provided are meeting my needs.	❑	❑	❑	❑	❑
The services I receive are helping me to get better.	❑	❑	❑	❑	❑

8. Do you identify yourself as a consumer or a family member of a consumer of mental health services?
   - ☐No
   - ☐Consumer
   - ☐Family Member
9. 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:_____
10. Please indicate your age range:
    - ☐Under 16
    - ☐16-24
    - ☐25-59
    - ☐60 and older
11. What is your ethnicity?
    - ☐Hispanic/Latino
    - ☐Non-Hispanic/Latino
12. What is your race? (select all that apply)
    - ☐White/Caucasian
    - ☐African American/Black
    - ☐Asian or Pacific Islander
    - ☐American Indian/Native Alaskan
    - ☐Multi-Race
    - ☒Other: _____
13. 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
14. Please indicate your gender:
    - ☐Female
    - ☐Male
    - ☐Transmale/transman
    - ☐Transfemale/transwoman
    - ☐Intersex
    - ☐Genderqueer
    - ☐Prefer not to answer
    - ☐Other: _____
15. Is English your preferred language?
    ☐Yes ☐No
    If you answered "no," what is your preferred language?_____

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Appendix 9: System of Care Summit Presentation

YOLO COUNTY: MHSA THREE-YEAR PROGRAM AND EXPENDITURE PLAN 2017– 2020

SYSTEM OF CARE SUMMIT

December 2016

Resource Development Associates
Roberta Chambers, PsyD
Kelechi Ubozoh

RDA

MHSA 3-Year Plan Development

Agenda

2

- Introductions and Meeting Objectives
- Overview of MHSA and Community Planning Process
- Review of Needs Assessment Findings
- Discussion
- Next Steps

RDA

Group Introductions

3

- Group Introductions
  - Who has participated in MHSA planning?
  - Who is new to MHSA?
  - Who here works for HHSA?
  - Who considers themselves a consumer or family advocate?
  - Who works for a community-based organization?
  - Who here is an:
    - Educator?
    - Veteran's advocate?
    - Community business leader?
    - Elected official?
    - Law enforcement/justice professional?
    - Health professional?
  - Who here is generally concerned about the mental health wellness and recovery of Yolo County's communities?

RDA

Check-in Question

4

- Please share:
  - Name
  - Stakeholder group
  - What's one thing you're hoping MHSA-funded services can accomplish?

RDA

Meeting Objectives

5

Our meeting objectives for today are to:

Provide overview of MHSA Three Year Plan and Community Planning Process	Present and validate the community needs assessment	Develop proposed MHSA Programs and Services for the 3-year plan

RDA

Roles and Responsibilities

6

- **Community Stakeholders: Collaborator**
  - Contribute to the shared understanding of community mental health needs
  - Develop proposed programs and services for the 3-year MHSA plan
- **Yolo HHSA: Administrator**
  - Outreach and convene stakeholders for the CPP
  - Contribute to plan development
  - Implement the 3-year MHSA plan
- **Board of Supervisors: Approver**
  - Approve the MHSA plan prior to MHSOAC submission
- **RDA: Planner/Facilitator**
  - Engage stakeholders in a participatory CPP process that aligns with MHSA Values
  - Develop a needs assessment and MHSA plan that is grounded in the needs of un, under, and inappropriately served populations
  - Draft a technically compliant MHSA Plan to best serve mental health needs of the community

RDA

Discussion Guidelines

7

- Respect all persons and opinions
- One conversation at a time
- Try it on
- Practice both/and thinking
- Step up/step down
- Pay attention to process and content
- Turn cell phones on ***vibrate***
- Other agreements?

8 Overview of MHSA and Community Planning Process

MHSA Overview

9

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

MHSA Components

10

- **CSS: Community Services & Supports**
  - Outreach and direct services for children, TAY, adults and older adults with the most serious mental health needs
- **PEI: Prevention & Early Intervention**
  - Prevention services to promote wellness and prevent the development of mental health problems
  - Early intervention services to screen and intervene with early signs of mental health
- **CFTN: Capital Facilities & Technology Needs**
  - Infrastructure development to support the implementation of an electronic health record and appropriate facilities for mental health services.
- **WET: Workforce Education & Training**
  - Support to build, retain, and train a competent public mental health workforce
- **INN: Innovation**
  - Funding to test new approaches that may improve access, collaboration, and/or service outcomes for un, under, and inappropriately served populations.

MHSA 3-Year Program & Expenditure Plan

11

Plan Purpose:

The purpose of the MHSA 3-Year Program & Expenditure Plan is to document the community's vision for addressing mental illness through each of the MHSA components.

Upon approval from the Board of Supervisors and Plan submission to the Mental Health Services Oversight & Accountability Commission, the County will be eligible to draw down MHSA funds.

Community Planning Process

12

- 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:

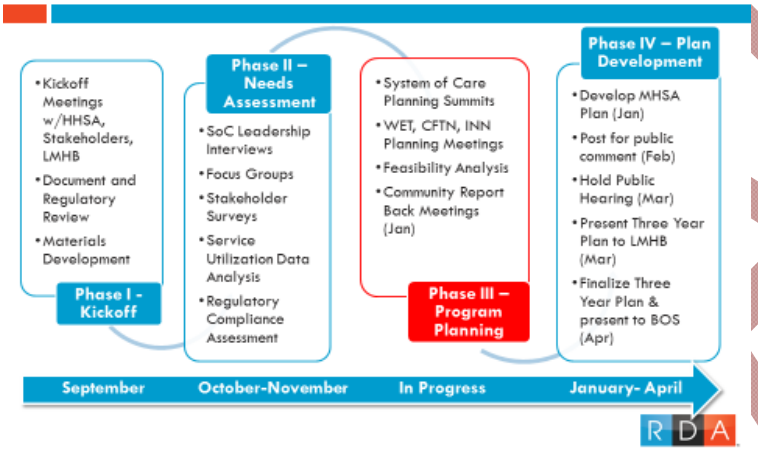
14

Yolo's CPP Process Update

Focus Group Summary

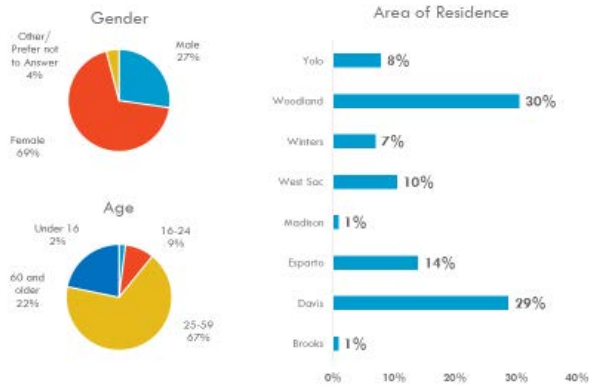
October Focus Groups	Location	Total Participants
CCP Stakeholder Kickoff Meeting	HHSA, Woodland	16
Homeless	Fourth and Hope, Woodland	4
CBO Adult	HHSA, Woodland	2
CBO Youth/ Kids	HHSA, Woodland	4
NAMI Family Members	NAMI, Davis	26
Davis Client	HHSA, Davis	9
Adult & Older Adult	RISE Inc., Esparto	11
November Focus Groups		**Total Participants**
Yolo County HHSA Staff (2)	HHSA, Woodland	0
Office of Education	Office of Education, Woodland	5
Board and Care Residential Workgroup	HHSA, Woodland	15
Transition-Age Youth	RISE Inc., Esparto	11
Latino-Esparto	RISE Inc., Esparto	13
LGBTQ	HHSA, Woodland	8
Peer Support Worker	HHSA, Woodland	7
MHSA Wellness Center Client	Wellness Center, Woodland	10
Adult Client	Wellness Center, Woodland	0
Mental Health Provider	HHSA, Woodland	2
Winters Community Members	HHSA, Winters	0
Client and Community Member	HHSA, West Sacramento	3
Latino- West Sacramento	HHSA, West Sacramento	5
Total Focus Groups: 21		**Total:151**

MHSA Planning Activities and Timeline



Focus Group Demographics

18



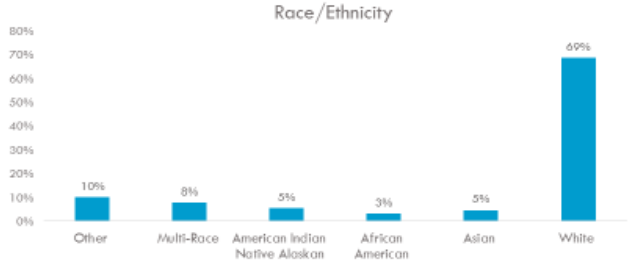
Community Planning Process Activities

16

- Community Meetings
  - MHSA Stakeholder Meeting (9/26)
- Board and Committee Meetings
  - Community Corrections Partnership (11/14)
  - Board of Supervisors (11/22)
  - Local Mental Health Board (10/24)
- Focus Groups and Interviews
  - County staff
  - Community-based providers
  - Community members, including consumers and family
- Survey
  - Online stakeholder survey
  - Russian intercept survey

Focus Group Demographics

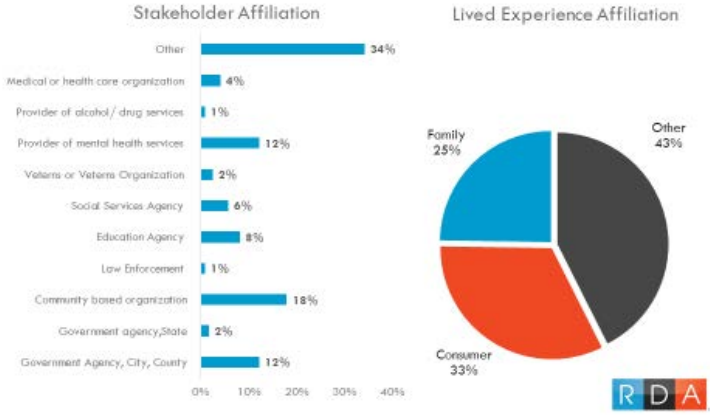
19



- 40% of participants identified as Latino/Hispanic
- 89% preferred English as their primary language

Focus Group Demographics

20



RDA

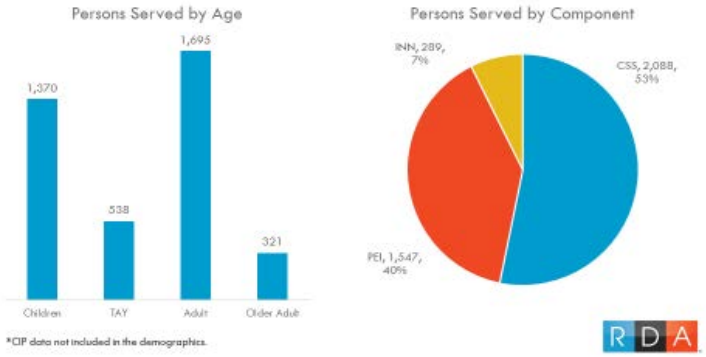
21 Needs Assessment

RDA

MHSA-funded System of Care

22

- MHSA-funded programs served 4,380 people.



*CIP data not included in the demographics.

RDA

General Service Needs

23

- Service access
  - Stakeholders report that understanding what services are available and how to access them is still hard.
  - HHSA should consider how to continue to expand service hours and locations outside of Woodland.
  - Unmet basic needs, such as housing and transportation, make service participation and ongoing recovery difficult.

RDA

General Service Needs

24

- Collaboration
  - Many consumers are involved with other public and service agencies, including justice-related and community-based programs, making it confusing for consumers and suggesting a need to strengthen inter-agency collaboration.
  - There may be an opportunity to expand the Early Signs program to train more staff who are involved with mental health consumers, including non-LEA first responders.

RDA

General Service Needs

25

- Crisis
  - The crisis intervention program is a great asset to the community.
  - Stakeholders recognized the need to continue to move towards crisis prevention and early intervention and away from reactive crisis approaches.
  - Suggestions include expanding the CIP program, allowing after-hours admissions to Safe Harbor, and considering a Peer Respite program.

RDA

26 Children and TAY

Children's Service Needs

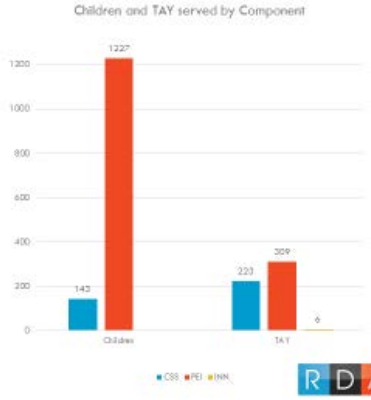
29

- Screening and Assessment
  - It's difficult to determine where and how to refer children for help between school, PEI, EPSDT, and HHSA-funded mental health services.
  - Stakeholders shared that there aren't enough mental health services, yet not all services are at capacity.
- Service Needs
  - Stakeholders report bullying and cyberbullying, anxiety, and depression as the primary concerns for children.
  - There is a need for more parent and family support and education.
- Collaboration
  - There is room to improve collaboration and communication amongst youth serving organizations.
  - Youth-serving organizations may benefit from additional mental health training.

Children and TAY System of Care

27

- MHSA-funded programs served:
  - 1,370 children (0-15)
  - 538 youth (16-25)
- For children and youth receiving CSS services:
  - 10 children were hospitalized 14 times with an average length of stay of 9 days
  - 18 TAY were hospitalized 32 times with an average length of stay of 11 days



TAY Service Needs

30

- Building support networks
  - Youth report feeling isolated and don't have a place to gather or develop peer-support networks.
  - Youth requested online and alternative methods of seeking support (e.g. texting, social media)
- Service Access
  - Stigma may interfere with youth seeking services.
  - Lack of privacy in service participation may inhibit youth engaging in services (e.g. counselor coming to a youth's classroom for a session).
  - Adults may not exercise adequate discretion when collaborating on a young person's services.

	Program Name	Ages Served	Description	Provider	# Served
CSS	Children's Mental Health Services	0-15	**Full Service Partnership (FSP):** Services for children with the highest level of mental health need.	Turning Point	21
			System Development (SD): Services for children with a mild to moderate mental health need.	HHSA	3
			Outreach and Engagement: Strategy to help identify and connect children and families in need of services.	HHSA	119
	Pathways to Independence, Transition-Age Youth	16-25	**Full Service Partnership (FSP):** Services for TAY children with the highest level of mental health need.	HHSA	19
			System Development (SD): Services for TAY with a mild to moderate mental health need.	HHSA	39
			Outreach and Engagement: Strategy to help identify and connect TAY and families in need of services.	HHSA	165
PEI	Wellness Project: Urban Children's Resiliency	0-15, 16-25	Program for children and youth experiencing emotional difficulties and/or high risk behaviors.	Victor Community Support Services	1,509
	Wellness Project: Rural Children's Resiliency	0-15, 16-25	Program to enhance life skills, build resiliency, and promote mental wellness.	R.I.S.E.	231

31 Adult and Older Adult

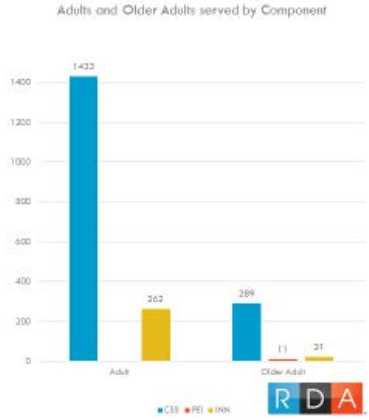
31

Adult and Older Adult

Adult and Older Adult System of Care

32

- MHSA-funded programs served:
  - 1,695 adults (26-59)
  - 321 older adults (60+)
- For adults and older adults receiving CSS services:
  - 47 adults were hospitalized 134 times with an average length of stay of 17 days
  - 8 older adults were hospitalized 21 times with an average length of stay of 29 days



	Program Name	Ages Served	Description	Provider	# Served
CSS	Adult Wellness Alternatives	25-59	**Full Service Partnership (FSP):** Services for adults and older adults with the highest level of mental health need.	HHSA and Turning Point	105
			System Development (SD): Services for adult and older adults with a mild to moderate mental health need.	HHSA	242
			Outreach and Engagement: Strategy to help identify and adult and older consumers in need of services.	HHSA	1,018
	Older Adult Outreach and Assessment	60 +	**Full Service Partnership (FSP):** Services for older adults with the highest level of mental health need.	HHSA	27
			System Development (SD): Services for older adults with a mild to moderate mental health need.	HHSA	97
			Outreach and Engagement: Strategy to help identify and connect older adults to services.	HHSA	165
PEI	Wellness Project: Senior Peer Counselor Volunteers	60+	Peer support for older adults at risk of losing their independence.	Citizens Who Care	11

Adult Service Needs

34

- Recovery supports
  - Consumers report feeling isolated and don't have a place to gather or develop peer-support networks. It's especially difficult on nights and weekends.
  - Consumers could benefit from additional meaningful activities, including vocational and educational opportunities and services for co-occurring disorders.
  - Consumers requested support to develop self-advocacy skills and expressed interest in developing opportunities to tell their story.
- Housing and residential options
  - There is a shortage of living options that include supported and independent living as well as Board and Care facilities.
- Collaboration
  - There may be a need to co-locate adult services where consumers already are (e.g. homeless service locations)
  - Transitioning from jail and/or hospital environments remains a challenge for consumers who are involved with multiple systems.

Older Adult Service Needs

35

- Isolation and social supports
  - Older adults report feeling isolated and struggling with transportation to get to services and/or activities.
  - There is a need to support family and caretakers, including support groups, respite, and additional day time activities for their loved ones.
- Residential and discharge options
  - Older adults, especially those with co-occurring medical problems, have longer inpatient hospital stays.
  - There are few residential or step-down options for older adult consumers.

36

Programs Across Life-Span

	Program Name	Ages Served	Description	Provider	# Served
CSS	Access to Care for Homeless and Indigent (ACHIP)	18 and older	**System Development and Outreach and Engagement**: Services and outreach support for individuals who are uninsured/underinsured, homelessness, and/or have recently been released from the hospital or jail.	YCCC	52
	Free to Choose	18 and older	**System Development (SD)**: Harm reduction services for consumers with co-occurring disorders.	Turning Point	68
PEI	Early Signs Crisis Intervention Program (SB82)	All ages	Program partners mental health clinicians with law enforcement agencies to support individuals experiencing mental health crisis receive appropriate care.	Turning Point	456
INN	Community Outreach Rural Engagement CORE/CREO	18 and older	Provides integrated behavioral health services for Latino/Hispanic residents with mental health, health, and/or substance use issues.	Communicare	237
	Housing Now	18 and older	Provides housing resource coordination and assistance to individuals with mental health issues to reduce homelessness.	YCCC	52

Community Education

38

Program Name	Description	Provider	# Served
Early Signs Project: Crisis Intervention Team (CIT) Training	Educational training on signs and symptoms of mental illness and coaching on how to respond appropriately.	Disability Response, Inc. (Michael Summers)	91
Early Signs Project: Training and Assistance	Evidence-based Training from certified instructors to providers, community, and/or caregivers.	HHSA	387
Urban Children's Resiliency: Community and Group Education	On-site educational training for youth, families, teachers, and staff on how to manage and address mental/emotional health concerns.	Victor Community Support Services	5,236

Cultural Competency

39

- There is a need to broaden the definition of cultural competency.
- HHSA may wish to expand the service delivery model to include:
  - More group, family, and community-level interventions, and
  - Cultural-specific service locations.
- Stakeholders recommended adopting and/or formalizing a cultural competency model that:
  - Increases awareness of cultural difference and intersectionality amongst all staff and providers,
  - Develops specific expertise amongst a smaller provider group, and
  - Supports consultation amongst providers.
- There is a need to focus attention on LGBT+ needs and services, including:
  - Acknowledging and documenting LGBT+ identity,
  - Addressing stigma and discrimination, and
  - Developing culturally responsive services, including those that build community.

40 Innovation

Innovation Programs

41

CREO

- Served 719 consumers from the Latino communities using a promotores model
- Represents a 32% increase in penetration rates
- Planned for continued funding through PEI as a Stigma and Discrimination Reduction Program

Housing Now

- Served 52 individuals in 34 households
- Focused on housing identification, maintenance, and eviction prevention
- Services will be sustained through the CABHI grant from SAMSHA

42 Workforce, Education, and Training

Workforce, Education, and Training

43

Peer Workforce

- Since the last three year plan, HHSA has hired peer support staff.
  - All stakeholders agree that peer support staff are an asset and that there is a need for more paid peer staff throughout the system.
  - The inclusion of peer support staff in the workforce may result in a need to address benevolent stigma and implicit bias.
- Given that these positions are relatively new, there is an opportunity to improve peer employment processes and career pathway.
  - Peer support staff may benefit from formalized onboarding and initial training experiences.
  - Ongoing professional development could support peer staff to continue to improve and refine their skills.
- Exploring evidence based practices, such as WRAP and Intentional Peer Support, may provide some tools and resources to strengthen peer support activities.

Workforce Diversity

- HHSA should continue to develop ways to increase staff diversity, including bilingual and bicultural staff.

RDA

44 Things to Remember…

RDA

Funding Considerations

45

- Community Services and Supports (CSS)
  - Makes up **75- 80%** of annual MHSA allocation
  - At least ½ of CSS funding must go to Full Service Partnerships
- Prevention and Early Intervention (PEI)
  - New regulations that govern PEI funding
  - Makes up **15- 20%** of annual MHSA allocation
- Innovation (INN)
  - Can be up to **10%** of annual MHSA allocation
  - New regulations that govern INN funding
  - Must be novel approach that improves service access, quality, or outcomes
- Workforce Education and Training (WET)
  - 10 year allocation to support workforce development
- Capital Facilities and Information Technology (Cap/IT)
  - 10 year allocation to support infrastructure development

RDA

PEI Considerations

46

Requirements of PEI programming

- **Engage** persons prior to development of serious mental illness or emotional disturbance
- **Alleviate** the need for additional mental health treatment
- **Transition** those with identifiable need to extended mental health treatment

New Requirements for PEI funding

- All counties are required to have at leave one of each of the **five targeted** mental health programs.
- Using PEI funds for general or community wellness is **no longer allowed.**
- PEI programs must have **documented efficacy**, including evidence-based, community-defined, or promising practice standards.

At least 51 % of PEI funding must go to children or young adults (0-25).

PEI Program Compliance

PEI Required Programs	Current Program	Is there an evidence base?
Early Intervention Program	To be developed	
Prevention Program	Rural Children's Resiliency	Yes
	Urban Children's Resiliency	Yes
	Senior Peer Counselor Volunteer Program	Yes
Outreach for Increasing Recognition of Early Signs of Mental Illness Program	Early Signs Project: Early Signs Training and Assistance Crisis Intervention Training	Yes • ASIST • Safe Talk • CIT • MHFA
Access & Linkage to Treatment Program	Early Signs Project: Crisis Intervention Program (SB82 Augmentation)	Yes
Stigma & Discrimination Reduction Program	To be developed	

48 Plan Development Work Session

RDA

49

Next Steps

Next Steps

50

DRAFT

Appendix 10: MHSA Summit Worksheets

PEI Planning Summit Development Worksheet

Instructions: **Please identify a Reporter and a Scribe** (it can be the same person). At the end of this activity, the designated reporter will present your ideas to the larger group.

Activity Overview: The purpose of this exercise is to **identify strategies to address community mental health needs**. Try to reach *consensus* if possible. If not, include everyone's perspective. Please spend time discussing your ideas before filling out this form. Use as much space as you need, and feel free to attach an additional page.

Names of Participants:

_____

_____

Please circle one: **Early Intervention** **Stigma Reduction**

1. Who is the target population or audience?

2. What are their needs?

3. How would they be identified?

4. What kinds of services or approaches would be included?

5. What types of staff would work in the program?

6. How would people learn about the program?

7. What are you trying to accomplish? How would you know if it's working?

8. Other considerations?

DRAFT

INN Planning Summit Strategy Development Worksheet

Instructions: **Please identify a Reporter and a Scribe** (it can be the same person). At the end of this activity, the designated reporter will present your ideas to the larger group.

Activity Overview: The purpose of this exercise is to **identify strategies to address community mental health needs**. Try to reach *consensus* if possible. If not, include everyone's perspective. Please spend time discussing your ideas before filling out this form. Use as much space as you need, and feel free to attach an additional page.

Names of Participants:

_____

_____

Please circle one: **Access** **Quality** **Collaboration**

1. Who are the underserved or unserved populations you want to address? What group do you believe is not accessing mental health services?

2. What are their unmet mental health needs?

3. What is getting in the way of accessing mental health services?

4. What are your ideas for innovative ways to address those unmet needs?

5. What do you want to learn from the innovative program(s)?

DRAFT

Children/ TAY Planning Summit Development Worksheet

Instructions: **Please identify a Reporter and a Scribe** (it can be the same person). At the end of this activity, the designated reporter will present your ideas to the larger group.

Activity Overview: The purpose of this exercise is to **identify strategies to address community mental health needs**. Try to reach *consensus* if possible. If not, include everyone's perspective. Please spend time discussing your ideas before filling out this form. Use as much space as you need, and feel free to attach an additional page.

Names of Participants:

_____

_____

Please circle one: **Child** **TAY**

6. What are the key needs to be addressed? Consider issues related to access, service delivery, crisis response, and coordination/collaboration.

7. Of the **existing MHSA programs**, which programs or services are working well? Which address the needs you identified in question #1?

8. What **changes** would you make to existing programs? What would need to be added or modified? What need or gap would the changes address?

9. What **new** programs or strategies would need to be implemented (if any) to address the identified needs?

10. Of the strategies you listed above, would any of them also **address other needs**? If so, please list here.

DRAFT

Adult/ Older Adult Planning Summit Development Worksheet

Instructions: **Please identify a Reporter and a Scribe** (it can be the same person). At the end of this activity, the designated reporter will present your ideas to the larger group.

Activity Overview: The purpose of this exercise is to **identify strategies to address community mental health needs**. Try to reach *consensus* if possible. If not, include everyone's perspective. Please spend time discussing your ideas before filling out this form. Use as much space as you need, and feel free to attach an additional page.

Names of Participants:

_____

_____

Please circle one: **Adult** **Older Adult**

11. What are the key needs to be addressed? Consider issues related to access, service delivery, crisis response, and coordination/collaboration.

12. Of the **existing MHSA programs**, which programs or services are working well? Which address the needs you identified in question #1?

13. What **changes** would you make to existing programs? What would need to be added or modified? What need or gap would the changes address?

14. What **new** programs or strategies would need to be implemented (if any) to address the identified needs?

15. Of the strategies you listed above, would any of them also **address other needs**? If so, please list here.

DRAFT

Appendix 11: Community Report Back Presentation

YOLO COUNTY: MHSA THREE-YEAR PROGRAM AND EXPENDITURE PLAN 2017– 2020 COMMUNITY REPORT BACK

January 11, 2017

Resource Development Associates
Roberta Chambers, PsyD
Kelechi Ubozoh

RDA | MHSA 3-Year Plan Development

Group Introductions

2

- Group Introductions
  - Who has participated in MHSA planning?
  - Who is new to MHSA?
  - Who here works for HHSA?
  - Who considers themselves a consumer or family advocate?
  - Who works for a community-based organization?
  - Who here is an:
    - Educator?
    - Veteran's advocate?
    - Community business leader?
    - Elected official?
    - Law enforcement/justice professional?
    - Health professional?
  - Who here is generally concerned about the mental health wellness and recovery of Yolo County's communities?

RDA

Meeting Objectives

3

Our meeting objectives for today are to:

Deliver overview of MHSA Three Year Plan and Community Planning Process	Present the proposed MHSA Programs and Services for the 3-year	Provide opportunities for community discussion regarding proposed plan

RDA

Roles and Responsibilities

4

- **Community Stakeholders: Collaborator**
  - Contribute to the shared understanding of community mental health needs
  - Develop proposed programs and services for the 3-year MHSA plan
- **Yolo HHSA: Administrator**
  - Outreach and convene stakeholders for the CPP
  - Contribute to plan development
  - Implement the 3-year MHSA plan
- **Board of Supervisors: Approver**
  - Approve the MHSA plan prior to MHSOAC submission
- **RDA: Planner/Facilitator**
  - Engage stakeholders in a participatory CPP process that aligns with MHSA Values
  - Develop a needs assessment and MHSA plan that is grounded in the needs of un, under, and inappropriately served populations
  - Draft a technically compliant MHSA Plan to best serve mental health needs of the community

RDA

5 MHSA and CPP Overview

RDA

MHSA Overview

6

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

RDA

MHSA Components

7

- **CSS: Community Services & Supports**
  - Outreach and direct services for children, TAY, adults and older adults with the most serious mental health needs
- **PEI: Prevention & Early Intervention**
  - Prevention services to promote wellness and prevent the development of mental health problems
  - Early intervention services to screen and intervene with early signs of mental health
- **CFTN: Capital Facilities & Technology Needs**
  - Infrastructure development to support the implementation of an electronic health record and appropriate facilities for mental health services.
- **WET: Workforce Education & Training**
  - Support to build, retain, and train a competent public mental health workforce
- **INN: Innovation**
  - Funding to test new approaches that may improve access, collaboration, and/or service outcomes for un, under, and inappropriately served populations.

10 Yolo's CPP Process Update

MHSA 3-Year Program & Expenditure Plan

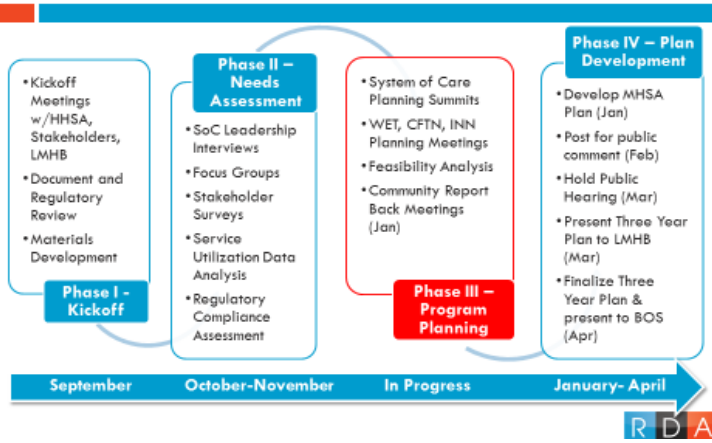
8

Plan Purpose:

The purpose of the MHSA 3-Year Program & Expenditure Plan is to document the community's vision for addressing mental illness through each of the MHSA components.

Upon approval from the Board of Supervisors and Plan submission to the Mental Health Services Oversight & Accountability Commission, the County will be eligible to draw down MHSA funds.

MHSA Planning Activities and Timeline



Community Planning Process

9

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,** including participation from:

- 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

Community Planning Process Activities

12

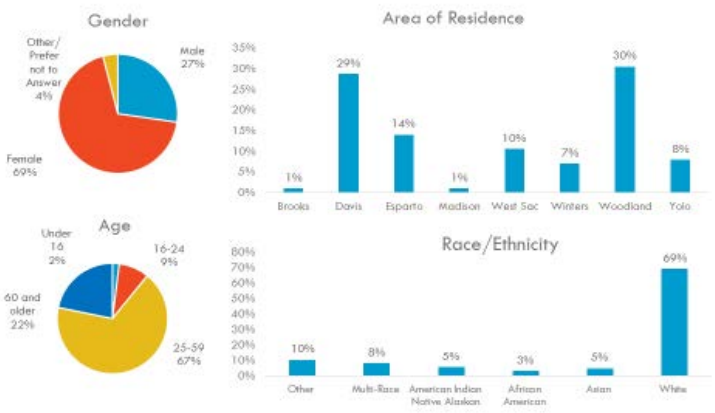
- Community Meetings
  - MHSA Stakeholder Meeting (9/26)
- Board and Committee Meetings
  - Community Corrections Partnership (11/14)
  - Board of Supervisors (11/22)
  - Local Mental Health Board (10/24)
- Focus Groups and Interviews
  - County staff
  - Community-based providers
  - Community members, including consumers and family
- Survey
  - Online stakeholder survey
  - Russian intercept survey

Focus Group Summary

October Focus Groups	Location	Total Participants
CCP Stakeholder Kickoff Meeting	HHSA, Woodland	16
Homeless	Fourth and Hope, Woodland	4
CBO Adult	HHSA, Woodland	2
CBO Youth/ Kids	HHSA, Woodland	4
NAMI Family Members	NAMI, Davis	26
Davis Client	HHSA, Davis	9
Adult & Older Adult	RISE Inc., Esparto	11
November Focus Groups		**Total Participants**
Yolo County HHSA Staff (2)	HHSA, Woodland	0
Office of Education	Office of Education, Woodland	5
Board and Care Residential Workgroup	HHSA, Woodland	15
Transition-Age Youth	RISE Inc., Esparto	11
Latino-Esparto	RISE Inc., Esparto	13
LGBTQ	HHSA, Woodland	8
Peer Support Worker	HHSA, Woodland	7
MHSA Wellness Center Client	Wellness Center, Woodland	10
Adult Client	Wellness Center, Woodland	0
Mental Health Provider	HHSA, Woodland	2
Winters Community Members	HHSA, Winters	0
Client and Community Member	HHSA, West Sacramento	3
Latino- West Sacramento	HHSA, West Sacramento	5
Total Focus Groups: 21		**Total:151**

16 MHSA Plan Development

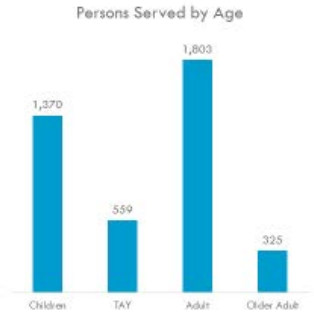
Focus Group Demographics

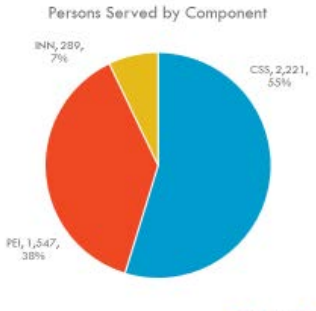


MHSA-funded System of Care

17

- MHSA-funded programs served 4,513 people in FY 15/16.

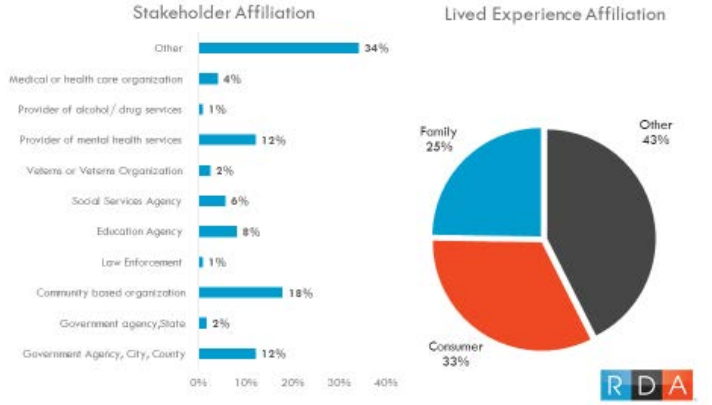




*CIP data not included in the age and component figures.

Focus Group Demographics

15



Plan Development Guiding Principles

18

- **Reduce duplication of efforts across funding sources**
  - Federal grants now funding housing and benefit support services
- **Augment programs that are successfully meeting a community need**
  - Expanded crisis intervention program
- **Support identification of people in need and connection to the appropriate services**
  - Assistance for school-age children and their families to link to appropriate services
  - Community-based services for people transitioning out of jails and hospitals who aren't yet connecting to ongoing care
- **Promote interagency collaboration**
  - Continue training efforts, such as CIT

19

Children and TAY Systems of Care

RDA

Children and TAY Systems of Care

20

- MHSA-funded programs served:
  - 1,370 children (0-15)
  - 538 youth (16-25)
- For children and youth receiving CSS services:
  - 10 children were hospitalized 14 times with an average length of stay of 9 days
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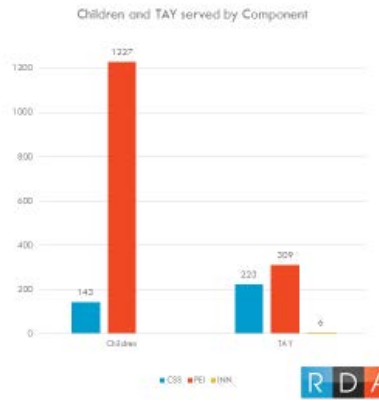


RDA

Children's Service Needs

21

- **Screening and Assessment**
  - It's difficult to determine where and how to refer children for help between school, PEI, EPSDT, and HHSA-funded mental health services.
  - Stakeholders shared that there aren't enough mental health services, yet not all services are at capacity.
- **Service Needs**
  - Stakeholders report bullying and cyberbullying, anxiety, and depression as the primary concerns for children.
  - There is a need for more parent and family support and education.
- **Collaboration**
  - There is room to improve collaboration and communication amongst youth serving organizations.
  - Youth-serving organizations may benefit from additional mental health training.

RDA

Children's System of Care Goals

22

The plan responds to the community need to create a **more seamless process for children** to **connect** to **mental health services.** The planned services and modifications:

- **Implements universal processes** in which children are screened, identified, and linked to the appropriate level of care.
- **Removes duplicated clinical programs** that can be funded by other sources, including public and private insurance.
- **Increases support to access** and links children to care.

RDA

Children's Proposed Programs

Component	Program Name	Program Description	Status	Location	Provider
Prevention: Access & Linkage	Children and Youth Access & Linkage to Service Programs	Implements universal screening and service linkage. Strengthens identification and linkage to services for children and identifies the appropriate level of care.	New Plan modification	Ages 0-5: Community based Ages 6-18: School based	CBO
Prevention	School and Community-based Mentorship program	Provides school-based educational presentations about mental health. Creates afterschool mentorship and activity-based resiliency programming. *The existing school-based clinical services will be funded by a combination of PHP and EPSDT funding, based on level of acuity and insurance status.	Plan modification	Community based: Mentorship School based: Education	CBO
Community Services and Supports	Children's Mental Health Services	Outreach and Engagement to connect children/families to services.	Current	HHSA	HHSA
		System Development: Services for children with mild to moderate needs.	Current	HHSA	HHSA
		Full Service Partnership: Provides services for children with the highest level of mental health need.	Current	HHSA and Community-based	HHSA and Turning Point

TAY Service Needs

24

- **Building support networks**
  - Youth report feeling isolated and don't have a place to gather or develop peer-support networks.
  - Youth requested online and alternative methods of seeking support (e.g. texting, social media)
- **Service Access**
  - Stigma may interfere with youth seeking services.
  - Lack of privacy in service participation may inhibit youth engaging in services (e.g. counselor coming to a youth's classroom for a session).
  - Adults may not exercise adequate discretion when collaborating on a young person's services.

RDA

TAY System of Care Goals

25

The plan responds to the community need to create **community-based location(s) with multiple levels of care.** The planned services and modifications:

- **Creates TAY-dedicated spaces** that include outreach and engagement, early intervention, and stigma discrimination reduction services.
- **Increases opportunities to interact with peers** through activity-based and socialization activities.
- **Provides access to multiple levels of care** in one centralized location to reduce barriers of mental health stigma.

TAY Proposed Programs

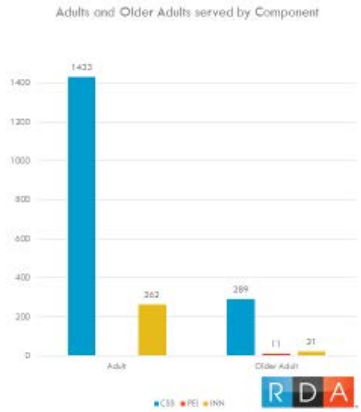
Component	Program Name	Program Description	Status	Location	Provider
Prevention: Access & Linkage	Children and Youth Access & Linkage to Service Programs	Strengthens identification and linkage to services for youth and identifies the appropriate level of care.	Plan modification	Ages 6-18: School based	CBO
	TAY Wellness Center	Provides activity-based, socialization, and recovery-focused services at the TAY Wellness Center.	New	Wellness Center	CBO
Early Intervention	Early Intervention Services	Services for youth that are beginning to develop mood or anxiety-related serious mental illness. *UC Davis will serve youth experiencing a First Episode Psychosis/First break outside of MHSA funding.	New	Clinic, community, and home-based	TBD
Stigma Discrimination Reduction	TAY Speaker's Bureau	Reduces stigma and discrimination through creation of a TAY Speaker's Bureau.	New	Wellness Center	TBD
Community Services and Supports	Pathways to Independence	Outreach and Engagement services at the TAY Wellness Center, specifically activity-based and socialization activities.	New	Wellness Center	CBO
		System Development services for TAY with mild to moderate needs.	Current	TBD	MHSA
		Full Service Partnership services for TAY with the highest level of need.	Current	TBD	MHSA

27 Adult and Older Adult Systems of Care

Adult and Older Adult Systems of Care

28

- MHSA-funded programs served:
  - 1,695 adults (26-59)
  - 321 older adults (60+)
- For adults and older adults receiving CSS services:
  - 47 adults were hospitalized 134 times with an average length of stay of 17 days
  - 8 older adults were hospitalized 21 times with an average length of stay of 29 days



Adult Service Needs

29

- **Recovery supports**
  - Consumers report feeling isolated and don't have a place to gather or develop peer-support networks. It's especially difficult on nights and weekends.
  - Consumers could benefit from additional meaningful activities, including vocational and educational opportunities and services for co-occurring disorders.
  - Consumers requested support to develop self-advocacy skills and expressed interest in developing opportunities to tell their story.
- **Housing and residential options**
  - There is a shortage of living options that include supported and independent living as well as Board and Care facilities.
- **Collaboration**
  - There may be a need to co-locate adult services where consumers already are (e.g. homeless service locations)
  - Transitioning from jail and/or hospital environments remains a challenge for consumers who are involved with multiple systems.

Adult System of Care Goals

30

The plan responds to the community need to create **bridge the gap between crisis services and existing specialty mental health services.** The planned services and modifications:

- **Bridges the gap for consumers** who are in and out of hospitals jails, and emergency departments to connect with ongoing services.
- **Supports access and linkage to mental health services** through centralized community based locations to meet "consumers where they are at."
- **Removes duplicated programs** that can be funded by other sources, including grants, public and private insurance.

Adults Proposed Programs

Component	Program Name	Program Description	Status	Location	Provider
Prevention: Access and Linkage	Community Based Drop in Navigation Centers	Community-based drop-in centers provide recovery-based socialization, activity-based programming, and case management.	New	Community-based	CBO
Community Services and Support	Community Based Drop in Navigation Centers	As described above, may be partially funded through CSS.	New	Community-based	CBO
	Adult Wellness: SD/FSP	Current adult FSP program which includes the Wellness Centers with expanded service hours and more formalized programming based in EBPs.	Plan Modification	Wellness Center	HHSA
	ACT/AOT	This refers to the contracted ACT team that serves the highest level of FSP as well as consumers enrolled in AOT.	Current	Community-based	CBO
	ACHIP (aka GAP)	Serves people transitioning back into the community as well as those who are un and under insured.	Will be funded by CABHI grant		
	Housing Now	Provides housing support services to support homeless individuals and families to obtain and maintain housing.	Will be funded by CABHI grant		
	Free to Choose	Provides outpatient services for people with co-occurring disorders who are not yet willing to consider abstinence.	Will transition to funding through Drug Medi-Cal		

34

PEI Component

RDA

Older Adult Service Needs

32

- **Isolation and social supports**
  - Older adults report feeling isolated and struggling with transportation to get to services and/or activities.
  - There is a need to support family and caretakers, including support groups, respite, and additional day time activities for their loved ones.
- **Residential and discharge options**
  - Older adults, especially those with co-occurring medical problems, have longer inpatient hospital stays.
  - There are few residential or step-down options for older adult consumers.

RDA

PEI Considerations

35

Requirements of PEI programming

- **Engage** persons prior to development of serious mental illness or emotional disturbance
- **Alleviate** the need for additional mental health treatment
- **Transition** those with identifiable need to extended mental health treatment

New Requirements for PEI funding

- All counties are required to have at leave one of each of the **five targeted** mental health programs.
- Using PEI funds for general or community wellness is **no longer allowed.**
- PEI programs must have **documented efficacy**, including evidence-based, community-defined, or promising practice standards.

At least 51 % of PEI funding must go to children or young adults (0-25).

Current Programs for Older Adults

33

There are no proposed changes to the Older Adult System of Care.

Component	Program Name	Program Description	Status	Location	Provider
Prevention: Access and Linkage	Wellness Project: Senior Peer Counselor Volunteers	Peer support for older adults at risk of losing their independence.	Current	Community-based	CBO
Community Services and Support	Older Adult Outreach and Assessment	Outreach and Engagement: Strategy to help identify and adult and older consumers in need of services.	Current	HHSA	HHSA
		System Development (SD): Services for older adults with a mild to moderate mental health need.	Current	HHSA	HHSA
		Full Service Partnership (FSP): Services for older adults with the highest level of mental health need.	Current	HHSA	HHSA

PEI Program Compliance

PEI Required Programs	Program Name	Status
Prevention Programs	School and Community-based Mentorship Program	Plan Modification
	TAY Wellness Centers	New Program
	Senior Peer Counselor Volunteer Program	Current
Early Intervention Program	Early Intervention for TAY developing serious mental illness	New Program
Outreach for Increasing Recognition of Early Signs of Mental Illness Program	Early Signs Training and Assistance Early Signs Crisis Intervention Training	Current
Access & Linkage to Treatment Programs	Children and Youth Access & Linkages to Service Programs	Age 0-5: New Program Age 6-18: Plan Modification
	Early Signs Project: Crisis Intervention Program (SB82 Augmentation)	Current
	Community Based Drop-in Navigation Centers	New Program
Stigma & Discrimination Reduction Programs	Integrated behavioral health services for Latino Men and their families (formerly CREO)	New Program
	LGBT+ Cultural Competency Initiative	New Program
	TAY Speaker's Bureau	New Program

37

WET Component

Workforce, Education, and Training

38

Peer Workforce

- Since the last three year plan, HHSA has hired peer support staff.
  - All stakeholders agree that peer support staff are an asset and that there is a need for more paid peer staff throughout the system.
  - The inclusion of peer support staff in the workforce may result in a need to address benevolent stigma and implicit bias.
- Given that these positions are relatively new, there is an opportunity to improve peer employment processes and career pathway.
  - Peer support staff may benefit from formalized onboarding and initial training experiences.
  - Ongoing professional development could support peer staff to continue to improve and refine their skills.
- Exploring evidence based practices, such as WRAP and Intentional Peer Support, may provide some tools and resources to strengthen peer support activities.

Workforce Diversity

- HHSA should continue to develop ways to increase staff diversity, including bilingual and bicultural staff.

Cultural Competency

39

- There is a need to broaden the definition of cultural competency.
- HHSA may wish to expand the service delivery model to include:
  - More group, family, and community-level interventions, and
  - Cultural-specific service locations.
- Stakeholders recommended adopting and/or formalizing a cultural competency model that:
  - Increases awareness of cultural difference and intersectionality amongst all staff and providers,
  - Develops specific expertise amongst a smaller provider group, and
  - Supports consultation amongst providers.
- There is a need to focus attention on LGBT+ needs and services, including:
  - Acknowledging and documenting LGBT+ identity,
  - Addressing stigma and discrimination, and
  - Developing culturally responsive services, including those that build community.

Proposed WET Programs

40

Program Name	Program Description	Status
Cultural Competency	Targeted support to improve cultural competency mental health service provision across the system, which is more than the current training model.	New
Peer Workforce	Workgroup inclusive of peer staff that strengthens the onboarding, training, and supervision to peer support staff and considers EBPs in peer support model, and works to increase inclusion of peer workforce across the agency.	New
Mental Health Professional Development	Provides training on emerging and best practices, will expand to include new training for DSM-V, trauma-informed care, motivational interviewing, CBT, and include Gallup's Strengths Finder.	Current
Perinatal Mental Health Services Training	Training for providers across the healthcare system targeted at understanding perinatal mental health needs like postpartum depression.	New
Student Loan Repayment and Tuition Reimbursement	Program to recruit and retain mental health professionals by paying their tuition/loan to stay in Yolo County and serve mental health consumers.	Current
Internship Programs	Initiatives to develop a more robust intern training program for master's level clinical staff and continued commitment to developing the psychiatric residency program with UCD.	Plan modification

41

CFTN Component

Proposed CFTN Programs

42

Capital Facilities

- **Continued:** Remodel of Woodland and West Sacramento Wellness Center
- **New:** Facility improvements for TAY Wellness Center in Davis

Technological Needs

- **Continued:** Telepsychiatry program
- **New:** Social Media/App Initiative
  - Review apps to provide resources and service information for outreach
  - Obtain support on alternate communication platforms
- **New:** Electronic Health Record and Data Upgrades
  - Improve data and documentation
  - Strengthen analytics and reporting

43 INN Component

Innovation Programs (ending)

44

CREO

- Served 719 consumers from the Latino communities using a promotores model
- Represents a 32% increase in penetration rates
- Planned for continued funding through PEI as a Stigma and Discrimination Reduction Program

Housing Now

- Served 52 individuals in 34 households
- Focused on housing identification, maintenance, and eviction prevention
- Services will be sustained through the CABHI grant from SAMSHA

INN Component Planning

45

- **INN plans are subject to a new approval process by the MHSOAC.**
  - INN plan development will occur following the approval of this MHSA 3-year plan
- **Proposed INN concepts**
  - Explore ways to develop a range of housing options for mental health consumers, including B&C facilities
  - Consider how to support the Stepping Up Initiative

46 Next Steps

Next Steps

47

Board of Supervisor Update (2/7/17)

Post for public review (2/21/17)

Public Hearing (3/23/17)

Present plan to LMHB Meeting (3/27/17)

Submit plan to Board of Supervisors (4/4/17)

THANK YOU!

Roberta Chambers, PsyD
rchambers@resourcedevelopment.net
510.984.1478

Kelechi Ubozoh
kubozoh@resourcedevelopment.net
510.488.4994

MHSA 3-Year Plan Development

Appendix 12: Community Report Back Public Announcements

Press Release

COUNTY OF YOLO
Office of the County Administrator

Patrick S. Blacklock
County Administrator

Beth Gabor
Manager of Operations & Strategy

625 Court Street, Room 202 • Woodland, CA 95695
(530) 666-8042 • FAX (530) 668-4029
www.yolocounty.org

FOR IMMEDIATE RELEASE
January 3, 2017

Contact: Beth Gabor, Public Information Officer
(530) 666-8042 [w] • (530) 219-8464 [c]

Mental Health Services Community Meeting January 11

(Woodland, CA) – Come to Yolo County's Mental Health Services Act (MHSA) Community Report-Back Meeting on Wednesday, January 11, 2017 hosted by the Yolo County Health and Human Services Agency. The purpose of the meeting is to present and receive feedback from the community regarding the proposed MHSA-funded programs and services. Ultimately, these programs will be included in Yolo County's MHSA Three-Year Program and Expenditure Plan for Fiscal Years 2017-2020. All interested parties are encouraged to attend and provide feedback to help Yolo County strengthen the programs and services provided and proposed.

Attendees may choose among three meeting locations offered on January 11:

- West Sacramento from 10:00—11:30 a.m., at 500 Jefferson St., Community Room, Building A
- Woodland from 1:00–2:30 p.m. at the Health and Human Services Agency/Bauer Building at 137 N. Cottonwood St
- Esparto from 5:00–6:30 p.m. at the RISE Inc. Community Room, 17317 Fremont St.

Please join us for one of these important meetings! Spanish and Russian translation services will be provided if a request is made (no later than January 9) via e-mail to MSHA@yolocounty.org or by phone message to (530) 666-8537. Be sure to indicate which language translation is needed and which meeting the person in need of the service is planning to attend.

Appendix 12: Community Report Back Public Announcements

Social Media Post

DRAFT

Appendix 13: Community Report Back Meeting Flyer

DRAFT

Yolo County Health and Human Services Agency (HHSA)
invites you to the:

Mental Health Services Act (MHSA)
Community Report Back Meetings

We are conducting three community report back meetings on:

Wednesday, January 11, 2017

- ❖ Present the proposed MHSA funded programs and services that will be included in the Yolo County MHSA Three-Year Program and Expenditure Plan for FYs 2017-2020
- ❖ Gather your feedback on the proposed programs being developed for inclusion in the MHSA Three-Year Program and Expenditure Plan for FYs 2017-2020

Your feedback will help us to strengthen the current MHSA-funded programs and introduce new programs to meet the needs of Yolo County. Please attend any of the Community Report Back Meetings scheduled below:

WEST SACRAMENTO	WOODLAND	ESPARTO
10:00 am – 11:30 am **January 11, 2017**	**1:00 pm – 2:30 pm** **January 11, 2017**	**5:00 pm – 6:30 pm** **January 11, 2017**
West Sacramento **Building A Community Room** 500 Jefferson Blvd. (& Triangle Ct.) West Sacramento, CA 95605	**Bauer Building** **Thomson/Walker Conference Room** 137 N. Cottonwood Street Woodland, CA 95695	**RISE, Inc.** **Community Room** 17317 Fremont Street Esparto, CA 95627

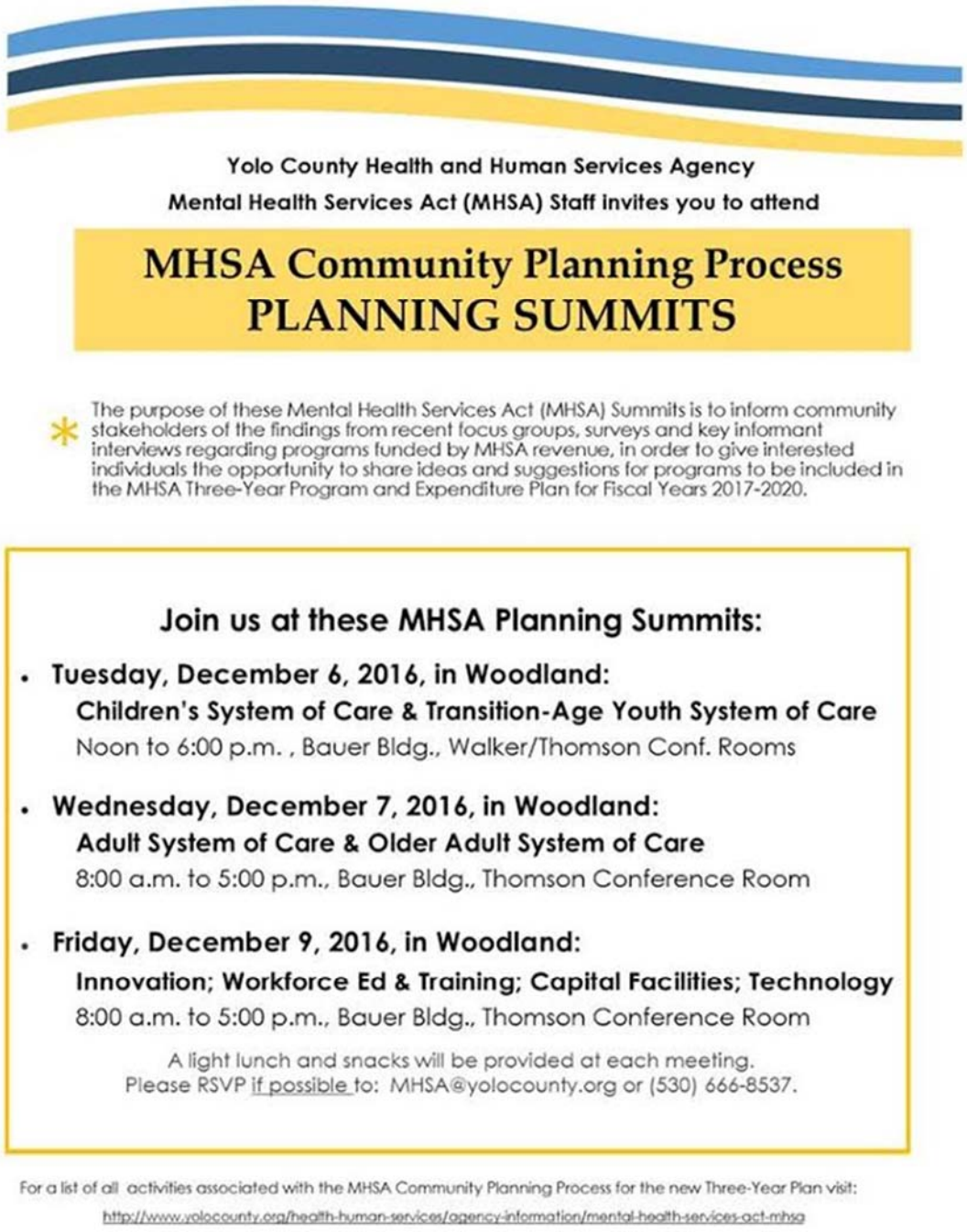
Please join us for one of these important meetings!

All MHSA community meetings are open to the public.

Spanish and Russian translation services will be provided if a request is made (no later than January 9) via e-mail to MSHA@yolocounty.org, or phone message to (530) 666-8537. Please indicate which language translation is needed, and which meeting the person in need of translation services will attend.

WELLNESS · RECOVERY · RESILIENCE

Appendix 14: Planning Summit Flyers



Yolo County Health and Human Services Agency

Mental Health Services Act (MHSA) Staff invites you to attend

MHSA Community Planning Process
PLANNING SUMMITS

* The purpose of these Mental Health Services Act (MHSA) Summits is to inform community stakeholders of the findings from recent focus groups, surveys and key informant interviews regarding programs funded by MHSA revenue, in order to give interested individuals the opportunity to share ideas and suggestions for programs to be included in the MHSA Three-Year Program and Expenditure Plan for Fiscal Years 2017-2020.

Join us at these MHSA Planning Summits:

- **Tuesday, December 6, 2016, in Woodland:**
  Children's System of Care & Transition-Age Youth System of Care
  Noon to 6:00 p.m. , Bauer Bldg., Walker/Thomson Conf. Rooms
- **Wednesday, December 7, 2016, in Woodland:**
  Adult System of Care & Older Adult System of Care
  8:00 a.m. to 5:00 p.m., Bauer Bldg., Thomson Conference Room
- **Friday, December 9, 2016, in Woodland:**
  Innovation; Workforce Ed & Training; Capital Facilities; Technology
  8:00 a.m. to 5:00 p.m., Bauer Bldg., Thomson Conference Room

A light lunch and snacks will be provided at each meeting.
Please RSVP if possible to: MHSA@yolocounty.org or (530) 666-8537.

For a list of all activities associated with the MHSA Community Planning Process for the new Three-Year Plan visit:
http://www.yolocounty.org/health-human-services/agency-information/mental-health-services-act-mhsa

Appendix 15: Spanish Focus Group Flyer

AGENCIA DE SALUD Y SERVICIOS HUMANOS CONDADO DE YOLO
ACTO SERVICIOS DE SALUD MENTAL (MHSA) EL PERSONAL LE INVITA A ASISTIR

Proceso de planificación comunitaria de MHSA
GRUPO DE ENFOQUE

Aquellos que tienen (o cuidan a) los que tienen necesidad de tratamiento de salud mental y son de Herencia Latina / Hispana

* El propósito de este grupo de enfoque es involucrar a la comunidad latina en la discusión del impacto de los programas de MHSA y reunir información para la planificación. Los Asesores del Desarrollo de Recursos y Asociados (RDA) llevarán a cabo la discusión, y gran parte de las ideas y la información recabada será utilizada en el Plan de Gastos de Tres-Años del Programa MHSA Condado de Yolo para el año fiscal 2017-2020.

Miércoles, 02 de Noviembre 2016
6:00 p.m. – 7:30 p.m.

RISE Inc.
17317 Fremont St., Esparto

¿Preguntas? Comuníquese a MHSA@yolocounty.org o (530) 666-8537.

Para obtener una lista de todas las reuniones asociadas con el Proceso de Planificación Comunitaria MHSA para el nuevo Plan de tres Años visita:

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

WELLNESS · RECOVERY · RESILIENCE

¿CÓMO PUEDE MHSA MEJORAR EL SERVICIO A LOS CLIENTES DE SALUD MENTAL EN NUESTRA COMUNIDAD?

POR FAVOR VENGA Y COMPARTA SUS IDEAS Y CONCEPTOS!

ACOMPÁÑENOS A ESTA IMPORTANTE REUNION!

DRAFT

Appendix 16: Community Planning Process Activity Demographic Form

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?_____

DRAFT

Appendix 17: Update to Board of Supervisors Presentation

YOLO COUNTY:
MHSA THREE-YEAR PROGRAM AND EXPENDITURE PLAN 2017– 2020

January 10, 2017
Roberta Chambers, PsyD

RDA Update to the Board of Supervisors

MHSA Planning Activities and Timeline

Phase I - Kickoff (September)
- Kickoff Meetings w/HHSA, Stakeholders, LMHB
- Document and Regulatory Review
- Materials Development

Phase II – Needs Assessment (October-November)
- Focus Groups and Interviews
- Board and Community Meetings
- Stakeholder Surveys
- Service Utilization Data Analysis
- Regulatory Compliance Assessment

Phase III – Program Planning (In Progress)
- System of Care Planning Summits
- WET, CFTN, INN Planning Meetings
- Feasibility Analysis
- Community Report Back Meetings (Jan)

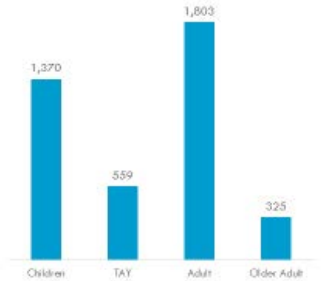
Phase IV – Plan Development (January- April)
- Develop MHSA Plan (Jan)
- Post for public comment (Feb)
- Hold Public Hearing (Mar)
- Present Three Year Plan to LMHB (Mar)
- Finalize Three Year Plan & present to BOS (Apr)

RDA

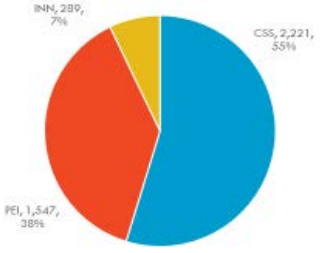
3

- MHSA-funded programs served 4,513 people in FY 15/16.

Persons Served by Age



Persons Served by Component



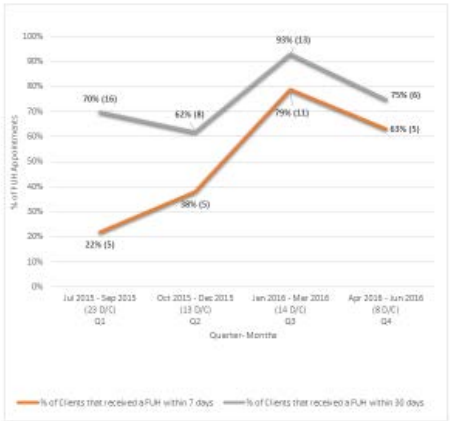
*CIP data not included in the age and component figures.

RDA

Timeliness: Rate of Med Support following Hospital Discharge for FSP Clients

4

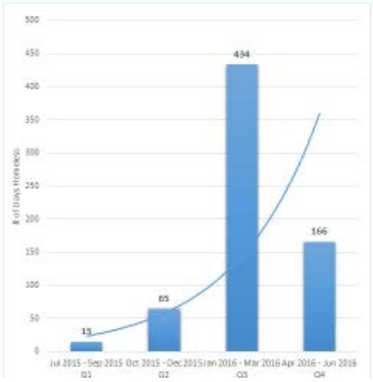
- The rate of beneficiaries being seen in a timely manner following an acute psychiatric inpatient hospitalization is improving over time.



Days Homeless: Full Service Partners

5

- On average 14% of clients experienced an average of 48.6 days of homelessness across FY 15/16.



FSP Costs: Homelessness, Hospitalization, and Incarceration

6

- Incarceration costs increased while there has been a large decrease in the cost of hospitalizations: 70.7%.

Innovation Programs

7

CREO

- Served 719 consumers from the Latino communities using a promotores model
- Represents a 32% increase in penetration rates
- Planned for continued funding through PEI as a Stigma and Discrimination Reduction Program

Housing Now

- Served 52 individuals in 34 households
- Focused on housing identification, maintenance, and eviction prevention
- Services will be sustained through the CABHI grant from SAMSHA

Current Community Needs

8

Service Access and Participation

- Identifying and linking individuals and families with mental health needs to the appropriate services remains challenging despite service availability.

Collaboration

- Many consumers are involved with other public and service agencies, making it confusing for consumers and other professionals. This is especially pronounced for people transitioning out of jail and/or hospital.

Crisis

- The crisis intervention program is a great asset to the community with a need to continue to move towards crisis prevention.

Plan Development Principles

9

- Reduce duplication of efforts across funding sources
- Augment programs that are successfully meeting a community need
- Support identification of people in need and connection to the appropriate services
- Promote interagency collaboration

Systems of Care Plan Development

10

- **Children:** Create a more seamless process by which children are screened, identified, and linked to the appropriate level of care.
- **Transition Age Youth:** Develop community-based location(s) with multiple levels of care.
- **Adults:** Bridge the gap between crisis services and existing specialty mental health services.
- **Older Adults:** No substantive changes.

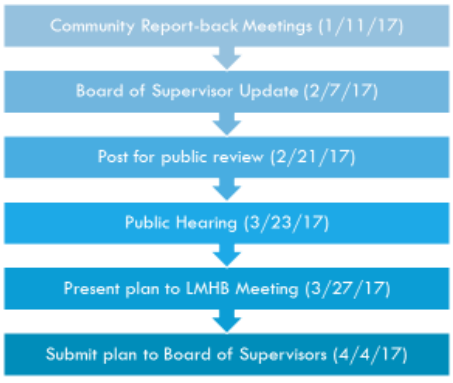
Component Plan Development

11

- **Workforce Education and Training**
  - Mental health professional development
  - Peer workforce development
- **Capital Facilities and Technology**
  - Wellness Center facility improvements
  - Electronic communications
  - EHR upgrades
- **Innovation**
  - Residential and housing continuum
  - Stepping Up Initiative

Next Steps

12



YOLO COUNTY HEALTH AND HUMAN SERVICES AGENCY

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

MHSA Three-Year Program & Expenditure Plan FYs 2017-2020

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

I. **THE PUBLIC REVIEW AND COMMENT PERIOD begins Friday, February 17, 2017 and ends at 5:00 p.m. on Monday, March 20, 2017.** Interested persons may provide written comments during this public comment period. Written comments and/or questions should be addressed to HHSA, Attn: Joan Beesley, MHSA Coordinator, 137 N. Cottonwood Street, #2500, Woodland, CA 95695. Please use the Public comment form provided with MHSA Plan draft.

II. **A PUBLIC HEARING will be held by the Yolo County Local Mental Health Board on Wednesday, March 22, 2017, at 5:00 p.m.,** in the MHSA Wellness Center in the Bauer Building, 137 N. Cottonwood St., Woodland, CA, for the purpose of receiving further public comment on the MHSA Three-Year Program and Expenditure Plan FYs 2017-2020.

III. **To review the MHSA Three-Year Program and Expenditure Plan FYs 2017-2020**, or other MHSA documents via Internet, follow this link to the Yolo County website: http://www.yolocounty.org/mhsadocs .

IV. **Printed copies** of the MHSA Three-Year Program and Expenditure Plan FYs 2017-2020, are available to read at the reference desk of all public libraries in Yolo County and in the public waiting areas of these Yolo County offices, during regular business hours:

- Mental Health Clinic and Wellness Center, 137 N. Cottonwood Street, Woodland.
- Mental Health Clinic, 600 A Street, Davis (Mon/Wed only).
- Mental Health Clinic and Wellness Center, 800-B Jefferson Blvd, West Sacramento (Tues/Thurs/Fri only).
- Yolo County Administration Building, 625 Court Street, Woodland.
- Yolo Co. Social Services “One-Stop” Center, 25 N. Cottonwood Street, Woodland.

To obtain copies by mail, or to request an accommodation or translation of the document into other languages or formats, call the MHSA Administrative Specialist at (530) 666-8537 by Friday, March 10, 2017.

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

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

YOLO COUNTY HEALTH AND HUMAN SERVICES AGENCY

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

Public Comment Period—Friday, February 17, 2017 through Monday, March 20, 2017

Document Posted for Public Review and Comment:

MHSA Three-Year Program & Expenditure Plan FYs 2017-2020

This document is posted on the Internet at:
http://www.yolocounty.org/mhsadocs

PERSONAL INFORMATION (optional)

Name: _____

Agency/Organization: _____

Phone Number: _____Email address: _____

Mailing address: _____

What is your role in the Mental Health Community?

_____ Client Consumer

_____ Family Member

_____ Educator

_____ Social Services Provider

_____ Mental Health Services Provider

_____ Law Enforcement/Criminal Justice Officer

_____ Probation Officer

_____ Other (Specify)_____

Please write your comments below:

If you need more space for your response, please feel free to submit additional pages.
Please return your competed comment form to HHSA/MHSA before 5:00 P.M. on March 20, 2017, in one of three ways:

- Fax this form to (530) 666-8294, Attn: MHSA Coordinator
- Scan and Email this completed form to MHSA@yolocounty.org, Subject: MHSA Plan FYs 2017-2020 Comments
- Mail this form to HHSA/MHSA, Attn: MHSA Coordinator, 137 N. Cottonwood St., #2500, Woodland, CA 95695
- Deliver this form to HHSA/MHSA, Attn: MHSA Coordinator, 137 N. Cottonwood St., # 2500, Woodland, CA 95695