

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

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**For Fiscal Year 2018-19**



**Prepared by:**

**Resource Development Associates**

**January 19, 2018**





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# MHSA COUNTY COMPLIANCE CERTIFICATION

County: Yolo

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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 non-supplantation requirements.

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on \_\_\_\_\_, 2018.

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

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

\_\_\_\_\_  
Mental Health Director/Designee (PRINT)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION

County: Yolo

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

<b>Local Mental Health Director</b> Karen Larsen, Mental Health Director (530) 666-8651 <a href="mailto:Karen.Larsen@yolocounty.org">Karen.Larsen@yolocounty.org</a>	<b>County Auditor-Controller/City Financial Officer</b> Howard Newens, Chief Financial Officer (530) 666-8625 Fax: (530) 666-8708 <a href="mailto:auditor@yolocounty.org">auditor@yolocounty.org</a>
Local Mental Health Mailing Address: Yolo County Health and Human Services Agency 137 N. Cottonwood St., Suite 2500 Woodland, CA 95695	

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

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

\_\_\_\_\_  
 Mental Health Director/Designee (PRINT) \_\_\_\_\_  
Signature \_\_\_\_\_  
Date

I hereby certify that for the fiscal year ended June 30, 2016, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated for the fiscal year ended June 30, 2017. 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



# I. Community Program Planning Process Overview

## Annual Update Contents

Yolo County began the Community Program Planning (CPP) process for its Mental Health Services Act (MHSA) Annual Update for FY 2018-19 in September 2017. Yolo County Health and Human Services Agency (HHSA) contracted with Resource Development Associates (RDA) to facilitate the CPP activities that culminated in this plan. The purpose of this plan update is to describe Yolo County's CPP process, provide an assessment of the needs identified and prioritized via an inclusive stakeholder process, and highlight the program and expenditure modifications or enhancements needed to support a robust mental health system based on the MHSA core values. In March of 2017, Yolo HHSA completed an intensive stakeholder process that resulted in a transformative MHSA Three-Year Program and Expenditure Plan for 2017-2020. This Annual Update follows the implementation of that plan, and is intended to review MHSA funded programs and services provided in FY 16-17 and to provide programming, service, and funding updates to the County's MHSA Three-Year Program and Expenditure Plan for 2017–2020. This review will support Yolo County to project anticipated programming and service needs for 2018-2019. This Annual Update includes the following sections:

- **Overview of the community program planning process** that took place in Yolo County from September 2017 through March 2018. Yolo County's CPP was built upon the meaningful involvement and participation of mental health service consumers and their family members, service providers, members of law enforcement, education representatives, representatives from social services agencies, members of health care organizations, and representatives of underserved populations as set forth by the MHSA CPP guidelines.
- **Assessment of mental health needs** that identifies both strengths and opportunities to improve the mental health service system in Yolo County. The needs assessment used multiple data sources—including service utilization data, stakeholder work groups, community meetings, and public comments—to identify the service gaps which will be addressed by Yolo County's proposed MHSA programs for FY 2018-19.
- **Description of Yolo County's MHSA programs** by component, which includes a detailed explanation of each program, the mental health needs it addresses, and the goals and objectives of the program, and program budget amount.

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



Since completing the needs assessment and CPP phase of the Annual Update, stakeholders focused on addressing gaps that have emerged and enhancing the services offered by current MHSA programs. Examples of accomplishments since the three-year plan CPP include:

- ❖ Strengthening crisis intervention services and supports including expanding service hours.
- ❖ Establishment of Lesbian, Gay, Bisexual, Transgender and other sexual orientations (LGBT+) data collection initiatives across the county to provide culturally responsive outreach and quality mental health services and programs.
- ❖ Implementation of access and linkage programs to serve children ages 0-5.
- ❖ Opening of the Stay Well Center in Woodland for youth and transition aged youth (TAY) consumers.

**Figure 1: MHSA Values**



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

**Project Approach & Methodology**

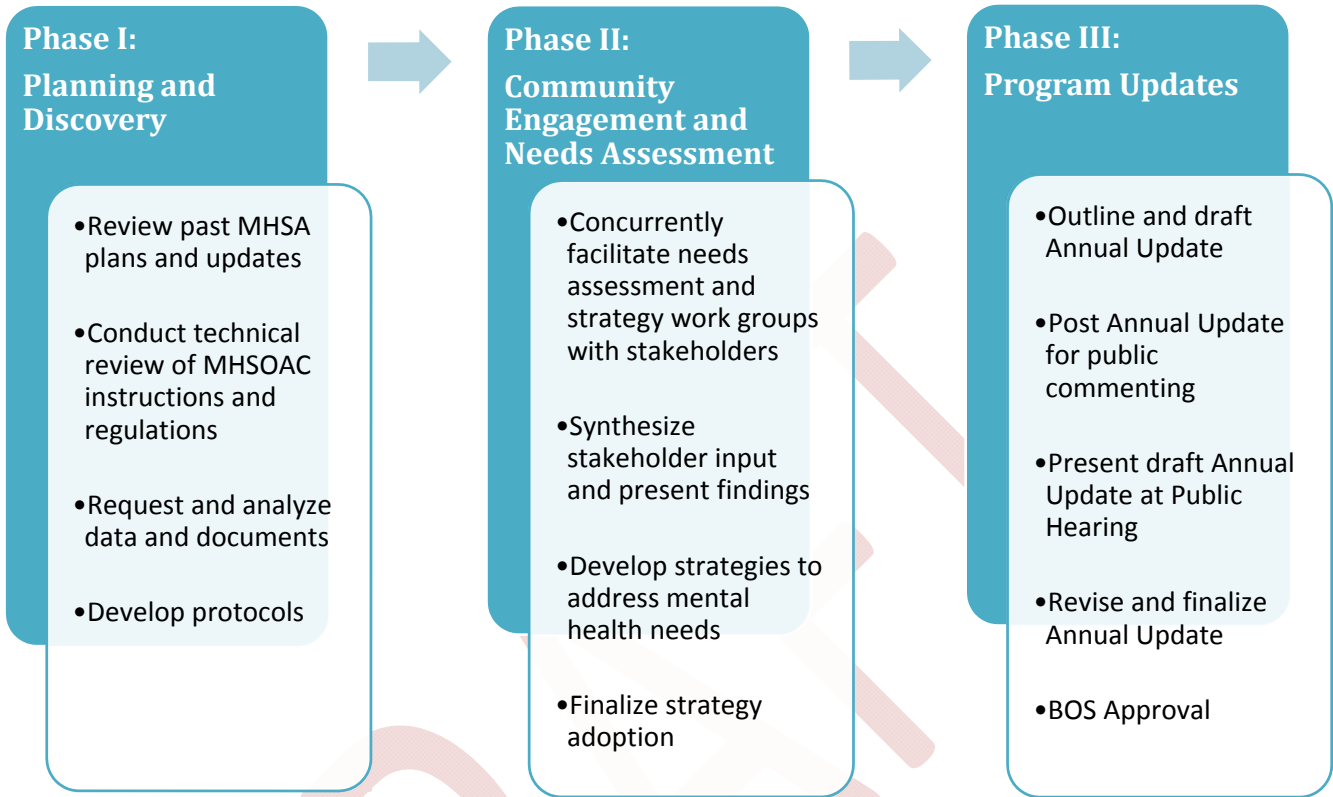
In September of 2017, HHS initiated the CPP process for the MHSA Annual Update for FY 2018–2019. The MHSA Planning Committee was led by Samantha Fusselman, interim MHSA Coordinator, Kellymarie Chen, MHSA Associate Administrative Analyst, and RDA, a consulting firm with mental health planning expertise.

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





**Figure 2: Community Program Planning (CPP) Process**



### **Planning and Discovery**

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

### **Community Engagement and Mental Health Needs Assessment**

The second phase of the CPP process focused on a comprehensive community mental health needs assessment, in which RDA integrated the needs assessment within the community engagement activities to gather stakeholders’ input on needs and suggestions for improving MHSA funded programs and services. In each community input meeting, the planning team reviewed the MHSA Annual Update



process, grounded stakeholders in the MHSA Values, and provided information on additional opportunities to engage. All participants received copies of a handout highlighting all current MHSA programs for review during the community input meetings (See Appendix I). During these meetings, stakeholders heard from the interim MHSA Coordinator about program accomplishments and were encouraged to ask questions about the process and share their thoughts on outstanding needs and programs. The planning team ensured that consecutive community engagement activities: 1) reviewed the needs and program suggestions highlighted from previous meetings; and 2) expanded and/or captured additional needs and program suggestions.

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

1. What has been accomplished over the past year?
2. Of the existing MHSA programs, what programs or services are working well?
3. What gaps remain? What do programs need? What populations are still in need?
4. What do you think this year's priorities are?

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

Following these sessions, RDA worked with HHSa to consider community feedback and develop strategies to address mental health needs. The needs assessment and strategies were presented to HHSa stakeholders, consumers, family members, other service providers, and interested parties via community meetings. The purpose of these community meetings was to report-back on proposed updates to the needs assessment and programs included in this plan update, validate and gather additional input, and refine the proposed updates. The community meetings resulted in program modifications and actions that HHSa will implement for FY 2018-19, as described in this annual update/program and expenditure plan. Appendix III includes the PowerPoint used during the community report back meetings.

### **MHSA Program Updates**

The third phase of the CPP process involved drafting the Annual Update and providing additional opportunities for the community to give feedback on the draft plan. The plan was posted online on January 19, 2018 with hardcopies available at HHSa service locations, partner agencies, and at every County library. After a 30-day public comment period, the plan update will be presented at a public hearing convened by the Local Mental Health Board on March 22, 2018 (tentative). During the 30-day public posting period and public hearing event, community members are encouraged to provide public comment, which will be included and responded to in the proceeding section. Once all of the community



feedback and public comment is received and incorporated into the plan update, the Annual Update will be presented to the Board of Supervisors (BOS) for approval. Details about the Local Review Process and Public Comment Period will be added below after the close of the public comment period.

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

This section will include a description of:

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

### **Public Comments**

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

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

## **II. Needs Assessment Findings**

Yolo HHSA made several advancements in their MHSA funded programs and services to help meet the needs of County residents. Since completing the needs assessment and community program planning phase for the MHSA Three-Year Program and Expenditure Plan for 2017-2020, Yolo HHSA focused on taking innovative approaches to addressing the gaps and enhancing programs. The three-year plan resulted in new and expanded programming such as the establishment of access and linkage programs to support universal screening and linkage to services and strengthening of identification of one of the county's most vulnerable populations, children ages 0-5.

Over time, Yolo HHSA tried several venues to better serve the mental health needs of their transition aged youth (TAY) population (ages 16-25). In the past year, Yolo HHSA developed a partnership with Woodland Community College to respond to the increased and unique needs of TAY. This partnership contributed to the development of the Support for Transition Aged Youth (STAY) Wellness Center, which focuses on improving access and engagement with mental health services while providing a safe space for this population. The center, located in the Woodland Community College campus, is open for all enrolled

students and TAY participating in services offered by Yolo County. Furthermore, HHSa is incorporating early service interventions as a preventative approach for TAY developing a serious mental health illness.

In an effort to make their system more culturally responsive, Yolo HHSa implemented the Cultural Competency/LGBT+ Cultural Competency Initiative to provide culturally responsive outreach and quality mental health services for LGBT+ consumers. The 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 trainings and to apply these trainings with specific attention to LGBT+ culture. Early accomplishments of this initiative include the revision of demographic forms that now include questions and inclusive options around sexual orientation, sex, and gender identification. Data from these revised forms are also included in this update. 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. Yolo HHSa will continue to implement programs and services to ensure underserved populations are receiving the appropriate care and services they need.

Yolo HHSa is continuing its efforts to improve infrastructure across the county that support consumer engagement and utilization of mental health services, including the renovation of all three Wellness Centers in Woodland, West Sacramento, and Davis. Yolo HHSa is also in the planning phase for a Community-based Drop-in Navigation Center that will include both recovery-based mental health and linkage to social services. Services at the Community-based Drop-in Navigation Center will provide a wide array of options for assisting consumers with any level of service engagement. The Navigation Center will provide increased support for mental health consumers who are exiting jails, hospitals, and other institutional care without formalized community or mental health supports to assist them in community integration. Additionally, the Navigation Center will serve as a resource for consumers who, although engaged with mental health services, are at risk of developing a crisis and require additional support.

Lastly, Yolo HHSa is in the process of finalizing locations for new and expanded services for consumers across the county. This includes the CommuniCare Health Centers that are seeking a location in Davis for the Navigation Center, as well as the location for the new Adult Residential Facility, also in Davis, which will be a transitional longer-term residential program for adults.

HHSa continues to work toward meeting the needs of their mental health consumers expressed during the three-year community planning process. Yolo HHSa created the First Responder Mental Health Urgent Care Program to respond to the community's need for expanded services for crisis support. This program is partially funded out of MHSA Innovation (INN), and plans for a soft launch in early spring are underway. The Urgent Care Program will operate out of the mental health clinic site in West Sacramento with planned hours of operation from noon-9pm, seven days per week. By the summer months, HHSa plans to add nurse practitioners from Sutter Health. Yolo County also launched the INN-funded Board & Care Study Project to research the county's capacity to incentivize Board & Care facilities and ensure consumers can receive in-county mental health treatment.



As with any planning process, ways to improve upon current programs and services often surface. The following needs assessment presents input from stakeholder groups to guide HHSA in continuing their expansion and transformation to better address the community’s mental health needs. This plan will build on what the MHSA Three-Year Program and Expenditure Plan for 2017-2020 has accomplished and is striving toward achieving.

## Data Collection Activities

To ensure sufficient opportunities for community input, RDA—in collaboration with Yolo County HHSA—collected data across a variety of CPP events. These activities took place August through November of 2017, and included community stakeholder meetings and HHSA staff and provider work groups. Flyers and emails helped recruit stakeholders (see Appendix IV for the flyers used). In an effort to be inclusive of the geographic span of Yolo County, HHSA and RDA added a community meeting in Davis. These meetings and work groups took place in order for consumers, family members, staff, and other stakeholders to express their needs and perceptions related to public mental health services in Yolo County, to share their experiences with the current system of services, and to provide suggestions for improving MHSA-funded programs and services. In order to track participants, RDA used sign-in sheets at each meeting (see Appendix V for a sample sign-in sheet). Table 1 provides details about data collection activities.

**Table 1. Data Collection Activities and Participants**

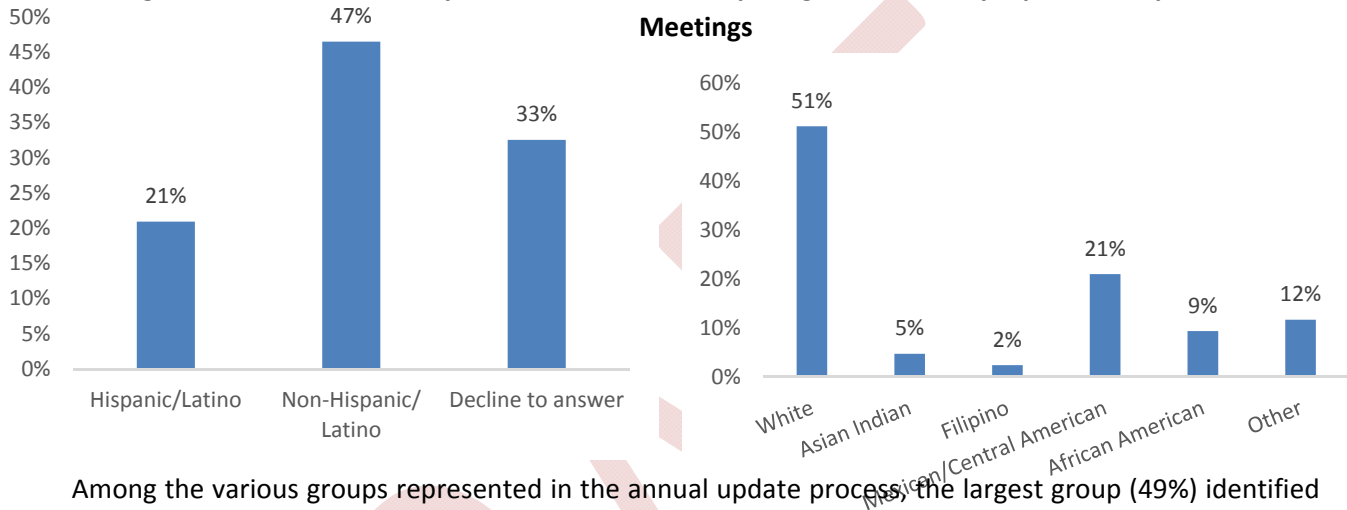
Activity	Date	Total Participants
<b>Community/Stakeholder Kickoff Meeting</b>	August 30, 2017	22
<b>Staff Input Meeting</b>	October 11, 2017	11
<b>Community Input Meeting (4)</b>	October 2017	15
<b>Provider-Stakeholder Work Group</b>	October 19, 2017	8
<b>Local Mental Health Board Meeting</b>	October 23, 2017	12
<b>Mental Health Staff Meeting</b>	November 2, 2017	14
<b>Community Report Back Meetings (4)</b>	November 30, 2017	22
<b>Total</b>		<b>104</b>

Overall, 104 stakeholders attended at least one of these stakeholder meetings. Of those who completed a demographic survey, 69% (n=29) were aged 25-59, 29% (n=12) were aged 60 or older, and 2% (n=1) were 16-24 years of age. As part of Yolo County’s data collection efforts on the LGBT+ community, stakeholder participation demographic forms now include questions regarding gender identity and sexual orientation (see Appendix VI for the demographic form used). For gender, 79% identified as female and 9% identified as male, and 12 % declined to answer. In terms of sexual orientation, 86% of meeting participants identified as heterosexual or straight and 14% of participants identified as gay, lesbian, or bisexual.



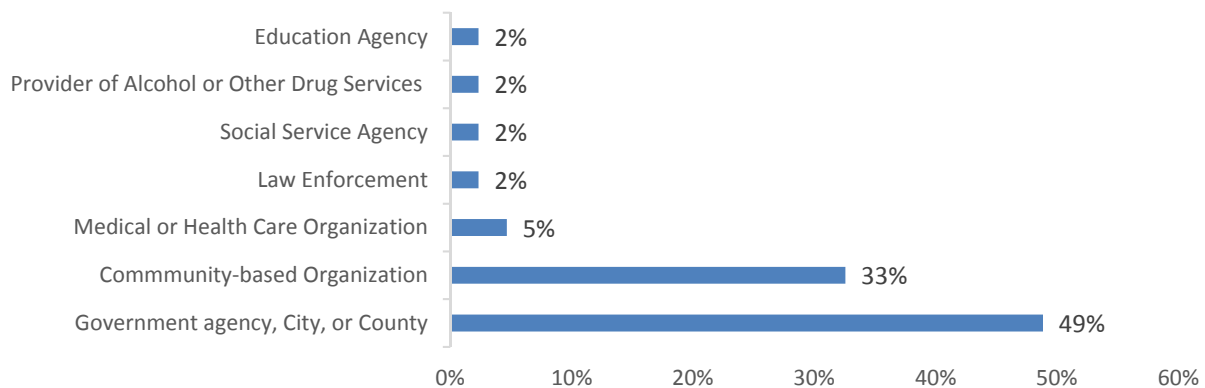
Additionally, RDA examined the ethnic breakdown of community input and report back meeting participants: 21% identified themselves as Hispanic/Latino, 47% identified themselves as non-Hispanic/Latino, and 33% declined to answer. When participants were asked to identify their race, 51% indicated they were White, 21% Mexican/Central American, 9% African American, 5% Asian Indian, 6% as other, and 3% as Filipino. Of participants who filled out a demographic survey, 23% (n=10) shared they have at least one physical disability.

**Figure 3. Race and Ethnicity of Stakeholders Participating in Community Input and Report Back**



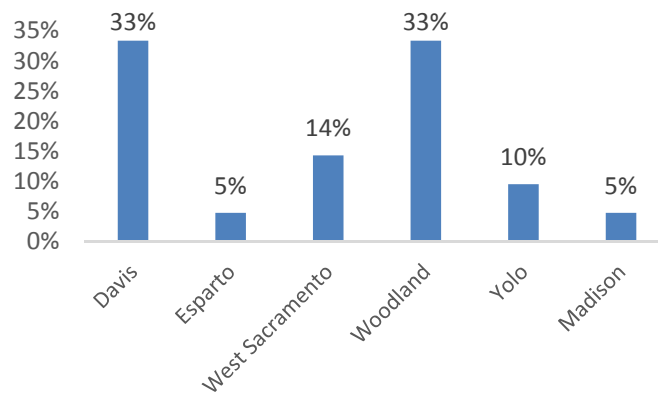
Among the various groups represented in the annual update process, the largest group (49%) identified as being affiliated with a city or county government agency, followed by 36% who identified as a family member of a consumer of mental health services, 34% as CBOs, 14% as consumers of mental health services, 6% as affiliated with a medical or health care organization, 3% each as affiliated with an education agency, social service agency, or law enforcement, and 2% as other (Figure 4).

**Figure 4. Stakeholder Affiliation of Participants in Community Meetings**



RDA also examined the location where the participants of the work groups and community events live within Yolo County. The largest groups of participants lived in Davis and Woodland 33%, followed by West Sacramento 14%, Yolo 10%, Esparto 5%, and Madison 5% (Figure 5).

**Figure 5. Participant Location of Residence in Yolo County**



Also during the community engagement activities, attendees were presented with documents regarding the MHSA values, the updates and needs from FY 2018-19, as well as opportunities to provide feedback. See Appendix VII for examples of the feedback forms.

### Key Findings on the Community's Mental Health Needs

As part of the Annual Update CPP process, RDA used the information collected during focus groups, community meetings, and stakeholder work groups to identify key themes that were discussed in relation to the mental health services provided in Yolo County. It is important to note that during the recent MHSA Three Year Planning process for FY 2017-2010, HHSa underwent an intensive redesign that is in the implementation phase. Therefore, community feedback pointed to several key needs and concerns previously highlighted in the three-year plan that have not yet been alleviated. Community feedback also pointed to positive attitudes and hopes regarding HHSa's ongoing implementation of MHSA programs and services. The needs assessment identified four key areas of needs:

- (1) Crisis Supports;
- (2) Mental Health Service Availability;
- (3) Coordination and Collaboration;
- (4) Workforce Education and Training;

### Strengthen and Continue Crisis Response Services

Since 2015, Yolo HHSa has received grant funding from the MHSOAC and the Mental Health Wellness Act, SB82, for the Community Intervention Program (CIP). CIP partnered with local law enforcement and community-based behavioral health service providers to respond to a mental health crisis with the goal of providing the most appropriate care. HHSa has utilized MHSA funding to augment some of the costs of



the program, but the grant funds are time-limited and sunset in 2017. The next round of grants is sharing the focus and available resources between projects for adults/TAY and for children, and may prioritize counties who have not previously received funding.

**Key Finding 1: Preserve the current model of field-based law enforcement partnered with mental health clinicians during a crisis response.**

Overall, Yolo County's MHSA stakeholders articulated their satisfaction with the former Community Intervention Program (CIP) and voiced the need to continue similar services. In community input meetings across the county, stakeholders shared that CIP helped to alleviate the fear of having a mental health consumer experiencing a negative interaction with law enforcement. Further, community members expressed their concern that without CIP, family members might refrain from calling for help and instead try to handle the crisis themselves.

HHSA is redesigning its crisis continuum of care; one strategy will preserve a model of field-based mental health clinician response to law enforcement upon request during traditional business hours. HHSA has also issued a Request for Proposal (RFP) for community based afterhours crisis response that will expand hours of operations to 24/7 coverage. Additionally, HHSA will pursue additional funding options, including the second round of SB82 grant funding.

**Key Finding 2: Expand after-hours services for emergency response and identify additional drop-off locations for consumers in crisis and their families.**

County residents vocalized concern over the limited crisis response services beyond the emergency department and limited access to services during evening and weekend hours. Stakeholders continued to identify the need to provide additional interventions such as a drop-off location for people who do not need an emergency intervention, but require urgent mental health response. HHSA is partnering with local area hospitals to increase their role in supporting the navigation of individuals experiencing mental health crisis in the emergency department. HHSA will provide a clinician response to the Sutter Davis and Woodland Memorial emergency departments 24/7. HHSA will also enhance its 24-hour crisis hotline that families and community members can call for clinical support during a crisis, and during afterhours may offer mobile crisis response when appropriate.

Yolo HHSA is continuously working towards creating an even more robust crisis response continuum that will have 24/7 coverage. Yolo HHSA is developing an alternative drop-off location, a Mental Health Urgent Care Center through the First Responders Initiative. The First Responders Initiative is an INN approved project that will strengthen the ability of first responders to address immediate needs and divert consumers, who do not require involuntary hold or incarceration, to an alternative space, and provide a safe, supportive location for consumers experiencing a mental health crisis requiring urgent intervention that is not acute enough to require emergency department services.



Further, Yolo HHSA is also collaborating with other agencies to develop a community crisis plan in commitment to the wellbeing and care of community members after a tragedy.

### **Improving Mental Health Service Availability**

#### **Key Finding 3: Strengthen child psychiatry to respond to the increased service need and continue to work on improved access to services for children.**

As a rural community, Yolo County experiences unique challenges in hiring and retaining child psychiatrists, which ultimately affects child psychiatry. HHSA acknowledges these specific workforce challenges, and statewide shortage of psychiatrists and will continue to develop opportunities to expand capacity for children's psychiatry. During the CPP, providers reported the need to strengthen the referral process, strengthen service linkages, and increase capacity for child psychiatry across the county. Additionally, community stakeholders identified the need for a simplified method of assessment and referral of children to the services they need.

HHSA will leverage new programs, like the early childhood access and linkage program, and existing programs established by the three-year plan to address the needs of children and youth. Yolo HHSA will continue to work on improved access to services for children and youth.

### **Barriers to Accessing Services**

#### **Key Finding 4: Increase reliable transportation for consumers trying to access mental health services.**

Across all community input meetings, residents reported the inability to access reliable transportation as an ongoing barrier for consumers across the county. Limited public transportation makes service participation and ongoing recovery difficult, especially for those residing in outlying areas such as Esparto and Winters. Public transportation is not always consistent, and providers shared that no shows are common due to the burden of getting to and from services.

Community members suggested the development of more on-site services for consumers in Davis and increasing the number of county vehicles to transport consumers to and from services. HHSA is exploring ride share options like Lyft or Uber for specialty mental health consumers. HHSA is also in the process of developing a community navigation center in Davis. Lastly, HHSA will continue to leverage recent Telehealth efforts to minimize the need to travel to a service location. Additionally, HHSA is encouraging consumers to work with Partnership Health Plan (PHP) on the coverage of transportation that is now available to all medical and specialty mental health appointments through Medi-Cal.

#### **Key Finding 5: Implement outreach strategies to ensure community members are aware of services, and how to access those services.**

According to the input from community meetings, many mental health consumers and their families are still unaware of available services and the eligibility requirements attached to those services. Some

stakeholders suggested implementing outreach strategies to ensure consumers, families, and providers know about service availability, and how to access services.

Youth-serving providers suggested utilizing social media platforms to promote knowledge of services and to expand outreach to specific populations such as TAY. Another provider suggested the utilization and maintenance of Grace City, a mobile application developed for first responders to know about community service availability and hours. HHSA has developed resource guides that describe public mental health and substance abuse services for residents, while also exploring how to best support additional communication and care coordination efforts.

### **Outreach and Engagement for Underserved Populations**

MHSA stakeholders continued to request more targeted outreach and engagement for underserved populations. While community stakeholders acknowledged the barriers of complex needs in engaging underserved communities, they suggested strengthening partnerships to circumvent some of those barriers.

#### **Key Finding 6: Strengthen cross-system partnerships for mental health consumers involved in multiple public systems.**

During the community report back meetings, providers indicated that mental health consumers involved in multiple systems should also be considered as part of the unserved and/or underserved populations. MHSA stakeholders underscored the need for HHSA to strengthen cross-system partnerships to better serve these mental health consumers.

- **Commercially Sexually Exploited Children:** Mental health providers discussed the need for coordinated outreach and engagement approaches to support Commercially Sexually Exploited Children (CSEC) who are involved in several systems including mental health, and have complex needs. Yolo HHSA will collaborate with child welfare services to ensure this population has access to mental health services.
- **Justice-involved consumers:** Educators recommended the county establish mental health services specifically for justice-involved youth that are not in custody. Stakeholders emphasized the importance of engaging justice-involved youth such as those in probation and multiple systems, in mental health services during and outside of school hours in Yolo's outlying communities. Additionally, justice stakeholders suggested the county increase its focus on pre-release planning for the mental health needs and services for reentry consumers. HHSA is involved in several cross-system justice initiatives, and will continue to strengthen those relationships towards better outcomes for their justice-involved mental health consumers.
- **Consumers with co-occurring substance-use issues:** Service providers vocalized the need to improve service coordination for dual diagnosis consumers. Throughout the CPP, stakeholders

specifically identified the need for effective collaboration and detoxification services. HHSA opted into the Drug Medi-Cal Organized Delivery System Waiver, a pilot program that provides expansive SUD services covered by Medi-Cal such as intensive outpatient services, narcotic treatment programs, residential services, and withdrawal management. HHSA will issue a robust Request for Proposal (RFP) to address these service needs and will continue to coordinate with local substance abuse treatment providers to address both the physical and mental health needs of the community.

- **Aging and Older Adults:** MHSA stakeholders continued to identify the older adult population as needing additional support, specifically highlighting isolation and their unique mental and physical health needs. HHSA will continue to bolster support and its efforts for older adults as shared in the three-year plan.

**Key Finding 7: Strengthen case management to focus on the complex needs of TAY and improve their service engagement and utilization.**

Throughout the CPP, service providers indicated that TAY face many barriers to accessing services due to their complex needs. Service providers reported the need for better coordination and stronger case management to engage with the TAY population. MHSA stakeholders shared that when TAY are facing issues like homelessness and substance use issues, it is difficult for them to navigate and engage in services.

HHSA will continue start-up efforts for new children and youth programs, including TAY hours at the new Davis service location. As previously mentioned, HHSA recently opened the Stay Well Center, a peer-driven wellness center designed to serve Woodland Community College students and TAY County residents who are at all stages of recovery. The center will serve as a support for young people who are entering the mental health system.

### **Coordination & Collaboration**

**Key Finding 8: Improve communication among service providers to strengthen the referral process and ensure continuity of care.**

Multiple stakeholders raised the need for improved care coordination between service providers. Both contracted and HHSA providers discussed the need to uniformly communicate real-time service availability across providers across the county.

Some providers specifically cited issues like being unaware of open slots in programs and therefore not referring clients in time, which limits the type of care their clients can receive. Throughout the community input meetings, service providers also reported the need to improve discharge planning. A community service provider shared how her clients are often discharged without medication planning and how this disrupts their mental health recovery process. HHSA will continue start-up efforts for the First Responders Initiative, which also includes the development of a Multidisciplinary Forensic Team and Mental Health

Urgent Care Health Information Exchange, and HHSA will explore how to best support additional communication and care coordination efforts across HHSA and contracted providers.

**Key Finding 9: Strengthen collaboration with Yolo County justice systems and law enforcement agencies to better serve justice-involved mental health consumers.**

Community members indicated the need to strengthen collaboration between Yolo County justice systems and HHSA. Justice system stakeholders highlighted the need for increased coordinated pre-release planning between justice and mental health, when a consumer is transitioning from being in custody to the community, particularly, linking consumers to community services before reentry. Stakeholders suggested clinicians conduct eligibility assessments while in custody to refer and link patients to community services before release. HHSA is strengthening their partnerships with the justice system and is involved with Stepping Up, an initiative focused on reducing the number of individuals with mental health conditions who are in custody.

Community members also shared they would like to see all staff, including law enforcement personnel that interact with mental health consumers, to continue to receive crisis intervention and 5150 training. Since the three-year planning process, HHSA has expanded its Crisis Intervention Training (CIT) by offering an 8-hour course for in-custody staff. CIT will continue to reach all local law enforcement agencies in Yolo County including the local municipal police departments, Yolo County Sheriff's Office, and California Highway Patrol. HHSA will also work on training first responders on the 5150 hold and diversion criteria.

HHSA will continue to participate in the Stepping Up Initiative, AB 109, and Proposition 47 partnerships. Additionally, HHSA will continue its start-up efforts for the First Responders Initiative, an approved INN project, which includes the development of the Multidisciplinary Forensic Team and the Mental Health Urgent Care Health Information Exchange to further improve law enforcement's engagement with mental health consumers.

### **Workforce Education and Training**

**Key Finding 10: Improve agency and contractor capacity to collect, analyze, and report data for program/service assessment.**

As Yolo HHSA works toward collecting more program outcome data, stakeholders expressed the need to increase staffing capacity for data collection and outcome reporting. HHSA service providers and contracted providers alike articulated concern over the lack of capacity and training to collect and analyze data. Across all meetings, stakeholders agreed on the need to focus more on outcome data to evaluate program needs and effectiveness in order to ensure all populations are appropriately served. HHSA plans to upgrade Avatar, HHSA's electronic health record system, to support new reporting requirements and enhance reporting abilities. HHSA will also continue to expand the use of Results-Based Accountability to measure and report on outcomes. In an effort to provide support for contracted providers and HHSA staff, HHSA has begun providing technical training assistance to staff and contracted providers on data and



outcomes. Currently, HHS is in the process of developing tracking tools and data collection instruments to support PEI and INN data collection and reporting.

## MHSA Program Plan Updates

### Structure of Programs

This report will provide FY 2018-19 program and service updates for the following programs:

Component	MHSA Program or Service
<b>Community Services and Supports (CSS)</b>	Children’s Mental Health
	Pathways to Independence
	Adult Wellness Alternatives
	Older Adult Outreach and Assessment
	Peer and Family Led Support Services
	Community-based Drop-in Navigation Centers
	Free to Choose
	Access to Care for Homeless and Indigent
<b>Prevention and Early Intervention (PEI)</b>	Early Childhood Mental Health Access and Linkage Program
	School-based Access and Linkage Program
	Mentorship/Strengths-building Program
	Wellness Project: Rural Children’s Resiliency
	Wellness Project: Urban Children’s Resiliency
	TAY Early Intervention Program
	TAY Speaker’s Bureau
	TAY Wellness Center Services
	Integrated Behavioral Health Services for Latino Community Families
	Wellness Project: Senior Peer Counselor Volunteers
Early Signs Crisis Intervention Program (SB82)	
<b>Innovations (INN) Projects</b>	Community Outreach Rural Engagement (CORE)/Creando Recursos y Enlaces Para Oportunidades (CREO)
	Housing Now
<b>Workforce, Education, and Training (WET)</b>	Early Signs Project: Early Signs Training and Assistance
	Early Signs Project Crisis Intervention CIT (Training)
	Mental Health Professional Development
	Psychiatry Residency Program Development
	Cultural Competency/ LGBT + Cultural Competency Initiative (SDR)
Clinical Internship Program (Formerly Intern Therapy for Older Adults)	
<b>Capital Facilities and Technology</b>	Adult Wellness Center
	Adult Residential Treatment Program
	Peer Workforce Development Workgroup



<b>Needs (CFTN)</b>	Tele Psychiatry
	Electronic Health Record and Data Upgrades
	LGBT+ Data Collection
	Social Media Initiative

## MHSA Program Participant Demographics

FY 2016-17 (July 1, 2016- June 30, 2017) a total of **6,135** people in Yolo County received services funded by MHSA during FY 2016-17. Of those, **920** were new or existing clients with serious mental illness (SMI) were served by MHSA programs. Of those clients with SMI, **632** received services from Community Services and Support (CSS), and **288** clients received services from Innovation (INN) programs. In that same period, **5,215** individuals were served by MHSA programs offering outreach and engagement, benefits assistance, preventive services, early mental health intervention, or specialty training in recognizing and responding to the signs and symptoms of mental illness or suicidal behaviors. While the data includes some clients who were served by multiple programs, **2,510** received services from Prevention and Early Intervention (PEI) programs and **2,705** received services from CSS. For a complete report on numbers, services and demographics of participants in MHSA funded programs and services for FYs 2013-14, 2014-15 and 2015-16, see Appendix VII.

Figure 7. Total clients served in FY 2016-17

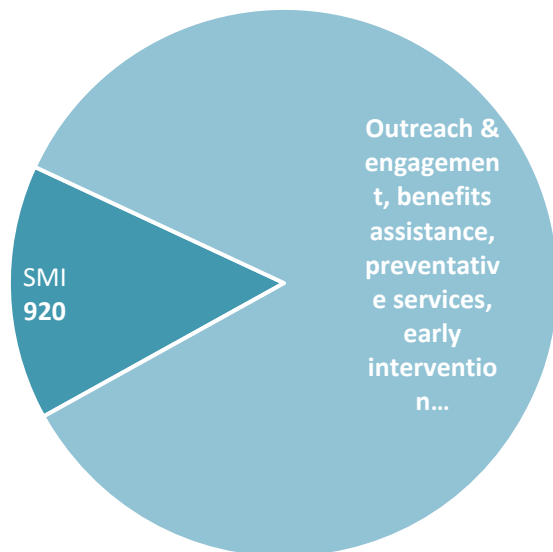
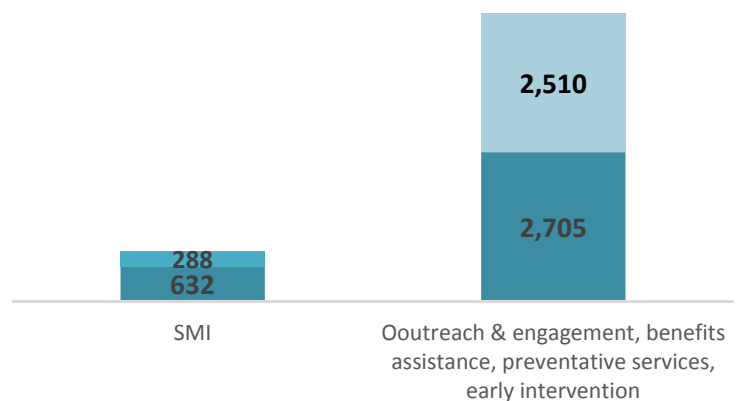


Figure 6. Breakdown by Component





## Community Services and Supports (CSS) Programs

### Children's Mental Health Services

#### Program Description

The Child, Youth and Family Branch's Mental Health (CYF-MH) program provides a comprehensive blend of outreach and engagement, systems development, and full-service partnership (FSP) services for children up to age 17 with severe emotional disturbance who meet medical necessity for county mental health services. This program provides case management and individual and family services to Yolo County children with unmet or under-met mental health treatment needs. CYF-MH 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 areas where a disproportionate number of Yolo County residents are English learners and experience poverty. This program is provided by Yolo County HHS with a FSP program contracted out to Turning Point Community Programs.

#### Updates from FY 2016-17

Child, Youth and Family Branch's Mental Health (CYF-MH) program met its objectives in FY 2016-17. CYF-MH implemented and executed several objectives including: taking over discharge planning and coordination and Access and Triage screening, conducting consultation, and providing training and referrals for children involved in child welfare services.

During FY 2016-17, CYF-MH also established their internal team, consisting of three clinicians, two mental health specialists, a child welfare services social worker supervisor, and a child welfare services manager. Rather than exclusively focusing on mental health, the internal team engaged in child welfare service-oriented activities. By January of 2017, CYF-MH staffed a licensed clinician, managed by the CYF Branch Director, to supervise the internal team, which now consists of six clinicians and one office support specialist. The program also focused on providing Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services to foster youth, as well as other children/youth with Medi-Cal consumers who meet criteria for specialized mental health services.

#### Key Successes

During the 16-17 fiscal year, CYF-MH experienced several successes. Specifically, the CYF mental health team served children who meet specialty mental health criteria, and provided services to reduce and improve functional impairments associated with these children's diagnoses.

The CYF-MH team triaged children who were referred and provided screening assessments to refer children to appropriate levels of mental health care. The CYF-MH team coordinated psychiatric hospitalizations to support discharge planning and linkage to outpatient mental health. The team





worked to stabilize behaviors in children's current environments to support home permanency of foster care children and youth. Lastly, the CYF mental health team provided assessment and counseling for children identified as requiring specialty mental health services.

CYF-MH team identified successes related to the program's integration and partnerships with HHSA agencies. The program partnered with:

- The Department of Employment and Social Services (DESS) to connect families to appropriate services and benefits applications.
- The Adult and Aging Branch (A&A) to connect parents of children served to appropriate mental health services, adult protection and in-home support services.
- The California Children's Services (CCS) to collaborate with public health nursing for needed home visiting services and psychiatric medication review.
- Child Welfare Services (CWS) to close coordination, support case planning, provide needed recommendation that is in consideration of trauma history and Katie A. services.

### **Barriers or Challenges**

While the Child, Youth and Family Branch's Mental Health (CYF-MH) program experienced growth in FY 2016-17, the expansion was accompanied with some challenges including staff retention and development, funding, ongoing efforts for outreach, and adhering to outcome-driven standards or decisions.

While the HHSA Child, Youth and Family Branch's Children's Mental Health program (CYF-MH) was without a manager for FY16-17, the program did expand its clinical capacity to six (6) clinicians; a manager was appointed in December 2017 and an Office Support Specialist hired in January 2018. Responsibility for monitoring and reporting access requests and processing authorizations for in- and out-of-county service requests will transition to CYF-MH shortly.

Additionally, CYF-MH did not have a board certified child psychiatrist on staff. Program staff collaborated with partner agencies and adult psychiatry staff for the provision of child psychiatry as the challenge continued to be resolved. CYF-MH partnered with an agency and was able to add psychiatric services by October 2017. Further, CYF-MH expanded Turning Point's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) contract so their psychiatrist could see children for meds only services.

### **FY 2016-17 Partners**

To implement and expand its services during FY 2016-17, CYF-MH partnered with Yolo County agencies including Child Welfare Services (CWS), Yolo County Probation Department, and Yolo County's Adult and Aging Branch and Service Centers Branch. CYF-MH also contracted or partnered with external providers including the Yolo Family Services Agency (YFSA), CommuniCare (CCHC), and Turning Point (TPCP) for the provision of Full Service Partnership (FSP) Programs and General System



Development (GSD) services, both funded through Community Services and Supports (CSS) funds. Each of the external children's providers provide child psychiatry.

## **Projections for FY 2018-19**

### **Key activities expected for this program in FY 2018-19**

Key activities for Child, Youth and Family Branch's Mental Health (CYF-MH) programs include improving timely access to services and clinically sound discharge planning. The CYF-MH team will assume increased responsibility and oversight for overall access to services for children and youth served in Yolo County, with a particular emphasis on increased penetration rates for foster care beneficiaries. Further, the Children's Mental Health Services programs will implement statewide requirements, including CANS, and the Pediatric Symptom Checklist.

### **Program or service changes in FY 2018-19**

The Children's Mental Health Services does not anticipate any services and activities changes for FY 2018-19.

### **FY 2018-19 Projected Costs**

- \$595,000 is the budgeted amount for FSP Children's Mental Health Full Service Partnership program.
- \$50,000 is the budgeted amount for the Children's Mental Health program, excluding Full Service Partnership funds.

## **Pathways to Independence**

### **Program Description**

The Pathways to Independence Program (Pathways) provides outreach and engagement, systems development, and full service partnership (FSP) services for youth ages 16-25 with severe emotional disturbance and/or serious mental illness who meet medical necessity for specialty mental health services. Target populations include youth experiencing homelessness or at serious risk for homelessness, youth emancipating from the foster care system or juvenile hall, youth involved with or at risk of involvement with the criminal or juvenile justice system, and/or youth experiencing a first episode of serious mental illness. This program will continue to address needs including access to case management and psychiatry as well as a continuum of services across Yolo County.

### **Updates from FY 2016-17**

The Pathways to Independence program was implemented in FY 2016-17, and progress was made toward achieving its objectives.

### **Key Successes**

During the FY 2016-17, Pathways to Independence expanded services to better support youth ages 16-25. Specifically, Pathways developed FSP services for TAY and expanded TAY wellness center hours.



- The program opened a STAY (Support for Transition Aged Youth) Wellness Center housed in Woodland Community College, and established a partnership with the Workforce Innovation & Opportunity Act, which provides a comprehensive range of workforce development activities through statewide local organizations.
- Pathways additionally took steps to expand and build their internal capacity. Among these efforts, the program hired an outreach specialist and conducted Transition into Independence (TIP) training. Pathways also worked to build community and reduce disparities in access to mental health services for key TAY consumers and their families. Lastly, Pathways strengthened their partnership with Child Welfare Services.

### **Barriers or Challenges**

Despite having undergone expansion during FY 2016-17, Pathways experienced barriers in regards to staffing capacity and other resources needed to successfully run the program. For example, despite extensive outreach for positions, Pathways does not yet have a clinician. Additionally, the consumers receiving Pathways services have complex needs, some external to the program like affordable housing, which can make it difficult to provide treatment. To address some of these barriers, Pathways applied creative planning and staffing, and expanded activities, groups and outings.

### **FY 2016-17 Partners**

To implement and expand its services during FY 2016-17, Pathways to Independence partnered with organizations including Woodland Community College, Children’s Behavioral Health team, and Child Welfare Services.

### **Projections for FY 2018-19**

#### **Key activities expected for this program in FY 2018-19**

Key activities that the Pathways to Independence program expects to achieve include integrating their service plans, creating more seamless linkages, implementing Transition into Independence (on-going effort), and expanding staffing by 1-2 clinicians.

#### **Program or service changes in FY 2018-19**

During the FY 2018-19, the Pathways to Independence program plans to further develop its services by implementing expanded wellness hours, life skills development, and employment counseling.

### **FY 2018-19 Projected Costs**

- \$595,000 is the budgeted amount for the FSP aspect of the Pathways to Independence Full Service Partnership program.
- \$50,000 is the budgeted amount for the program (TAY non-FSP program).



## Adult Wellness Alternatives

### Program Description

The Adult Wellness Alternatives Program provides systems development, full service partnership (FSP), and outreach and engagement services for adults with serious mental illness who meet medical necessity for county mental health services. The primary focus of the program is to meet the mental health treatment needs of un-served, underserved, and inappropriately served adults in Yolo County with the highest level of mental health needs. 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 Yolo County.

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. FSP includes a generalized program and two specialized programs, Assertive Community Treatment (ACT) and Assisted Outpatient Treatment (AOT). Specialized programs are delivered by Turning Point, a community organization, while all other Adult Wellness Alternatives programs are delivered by HHSA.

### Updates from FY 2016-17

Adult Wellness Alternatives met its objectives during FY 2016-17.

### Key Successes

The Adult Wellness Alternatives program implemented several strategies for supporting adults with mental health issues and who were experiencing homelessness and incarceration.

- At the organizational level, Yolo HHSA has expanded its capacity through new programs and partnerships. The program has added a peer support worker to the FSP team, and increased partnership with the Department of Rehabilitation.
- The Adult Wellness Program additionally partnered with Yolo Child Welfare Services, and is in the process of implementing the Transition into Independence (TIP) model.
- The Adult Wellness Alternatives Program also experienced strong outcomes for consumers during the FY 2016-17. HHSA decreased the percentage of FSP consumers experiencing homelessness by 75%. Of the program's 105 consumers, 103 of them (98%) were not incarcerated. The Adult Wellness AOT program had a 40.7% reduction in days spent hospitalized (from 572 to 339 days), a 18.7% reduction in days spent incarcerated (from 203 to 165 days), and a 60.9% reduction in days spent homeless (from 448 to 175 days). The program also notes increased socialization in the Wellness Centers.

## Barriers or Challenges

The Adult Wellness Alternatives program experienced some challenges with staffing resources which impacted their ability to collect data. Additionally, the shortage of affordable housing ultimately impacts the success of mental health consumers in the program. Yolo HHSA staff have worked to address some of these challenges by adjusting caseloads to fill 48 out of the 60 FSP slots, increasing master lease possibilities, and creating new FSP Results-Based Accountability (RBA) performance measures to monitor outcomes.

## FY 2016-17 Partners

The Adult Wellness Alternatives continued their partnership with the Department of Rehabilitation, Child Welfare Services, Probation, Courts, District Attorney, Public Defender's Office, police departments, hospitals, Institution for Mental Disease, Psychiatric Health Facilities, community-based organizations, primary care providers, and Substance Use Disorder providers.

## Projections for FY 2018-19

### Key activities expected for this program in FY 2018-19

For FY 2018-19, Adult Wellness Alternatives plans on conducting FSP training, working to improve 24/7 coverage to consumers, increase linkages to community supports and resources, and increase consumer navigation throughout the systems of services.

### Program or service changes in FY 2018-19

Adult Wellness Alternatives plans for an expansion of staff and peer support workers if fiscally possible in FY 2018-19.

## FY 2018-19 Projected Costs

- \$3,200,000 is the budgeted amount for the Adult Wellness Full Service Partnership program.
- \$165,000 is the budgeted amount for this program (non-FSP program).

## Older Adult Outreach and Assessment

### Program Description

The Older Adult Outreach and Assessment Program provides a blend of full service partnership (FSP), 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 may 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 Yolo 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.



## Updates from FY 2016-17

The Older Adult Outreach and Assessment program was implemented in FY 2016-17, and progress was made toward achieving its objectives.

### Key Successes

The Older Adult Outreach and Assessment program experienced several programmatic successes, including creating integrated service plans, participating in a California Institute for Behavioral Health Solutions (CIBHS) integrated care grant, increased housing supports, strengthening the partnership with Adult Protective Services and Public Guardian, and with Senior Peer Counselors.

### Barriers or Challenges

The Older Adult and Outreach Assessment program experienced challenges with staffing resources, a need for more training for Senior Peer Counselors, and meeting Telepsychiatry Medicare requirements. To address these barriers, the Older Adult Outreach and Assessment program is working to establish a better partnership with Senior Peer Counselors, and to conduct Telepsychiatry in office instead of mobile response for Older Adults in the next fiscal year.

### FY 2016-17 Partners

To implement and expand its services during FY 2016-17, Older Adult Outreach and Assessment partnered with Yolo County Adult Protective Services, the Public Guardian, primary care providers, Skilled Nursing Facilities, and hospitals.

### Projections for FY 2018-19

#### Key activities expected for this program in FY 2018-19

Key activities that the Older Adult Outreach and Assessment program plan to achieve include expanding the continuum of care for Older Adults, and increasing the linkage to community resources and partnerships.

#### Program or service changes in FY 2018-19

The Older Adult Outreach and Assessment program does not anticipate any services and activities changes for FY 2018-19.

### FY 2018-19 Projected Costs

- \$595,000 is the budgeted amount for Older Adult Outreach and Assessment Full Service Partnership program.
- \$50,000 is the budgeted amount for this program (non-FSP).





## Peer and Family Led Support Services

### Program Description

Peer and Family Led Support Services are psycho-education groups and other support groups targeting peers and families. The services help consumers 1) understand the signs and symptoms of mental health and resources, 2) 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 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 addresses the need for more peer-led and family-led community-based support programs.

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 members need to know about these mental illnesses, as well as how best to support their loved one in their recovery. The peer program will feature an evidence-based psychoeducational curriculum delivered by consumers to consumers. The curriculum will 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.

### Projections for FY 2018-19

- Peer and Family Led Support Services is a new program.

### Goals for FY 2018-19

During FY 2018-19, Peer and Family Led Support Services will promote awareness of the signs and symptoms of mental health conditions, disseminate information on mental health resources, advocate for access to mental health services, and help families cope with the impact of mental health conditions upon an individual or within the family.

### Key Activities

#### Key activities expected for this program in FY 2018-19

In preparation for this contract, the Peer and Family Led Support Services, contracted through the National Alliance on Mental Illness (NAMI), undertook various activities to fulfill its mission and better serve its consumers during FY 2016-17. Activities included family-led, evidence-based education programs such as NAMI Connection and NAMI Family Support Group. The program also conducted NAMI Yolo CanDo, a locally-developed program of direct service in which volunteers offer neighborly support to adults living with mental illness. NAMI provides in Our Own Voice: stigma-reducing peer presentations to community groups. In addition to these programs, there is the NAMI Helpline, website, social media, e-news, and newsletter; gatherings on first Wednesdays and at Mental Illness Awareness Week events; and the annual Mental Health Dinner offer peers and family members more





opportunities to learn about mental illnesses and resources, practical advice for coping, and supportive fellowship.

#### **Program or service changes in FY 2018-19**

The Peer and Family Led Support Services does not anticipate any service changes for FY 2018-19.

#### **Anticipated Barriers or Challenges**

The Peer and Family Led Support Services staff cited challenges related to recruitment, specifically recruiting and training enough peer and family volunteers to lead key activities, and recruiting enough participants for appropriate group dynamics in key activities.

#### **FY 2018-19 Projected Costs**

- \$100,000 is the budgeted amount for this program.

### **Community-based Drop-in Navigation Centers**

#### **Program Description**

A Community-based Drop-In Navigation Center (Center) is a community-based location that provides a variety of behavioral health and social services to adults (ages 18 and older) who desire mental health support or who are at risk of developing a mental health crisis, but who may not be willing or able to engage in more formalized services. The Center will provide an array of options for assisting consumers with any level of service engagement, focused on but not exclusive to individuals who were formerly institutionalized or are at risk of incarceration, hospitalization, and/or homelessness. In Yolo County, the center will address the need to help facilitate community integration for adults who are exiting institutional care without formalized community or mental health support, and to provide resources for consumers who, though engaged with mental health services, are at risk of developing a crisis and require additional support.

#### **Projections for FY 2018-19**

- The Community-based Drop-in Navigation Center is a new program.

#### **Goals for FY 2018-19**

The Community-based Drop-in Navigation Centers will 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.

#### **Key Activities**

**Key activities expected for this program in FY 2018-19**



The Community-based Drop-in Navigation Center will conduct several activities to better support consumers, including assisting consumers at risk of developing a mental health crisis to identify and access the supports they need to maintain their mental health. The program plans to provide some of the basic needs for consumers to help reduce the impact of living with mental health issues, as well as increase access to and service connectedness of adult consumers. The program will provide supportive, flexible, consumer-driven services to all consumers at their preferred level of engagement.

#### **Program or service changes in FY 2018-19**

The Community Based Drop in Navigation Centers does not anticipate any services and activities changes for FY 2018-19.

#### **Anticipated Barriers or Challenges**

Yolo HHSA program staff expect challenges with obtaining site location for service delivery. They also anticipate challenges with electronic health information exchange and seamless record keeping between two electronic health systems. Lastly, staff note challenges with the development of infrastructure to support clinical documentation for Specialty Mental Health Services.

#### **FY 2018-19 Projected Costs**

- \$770,500 is the budgeted amount for this program.

#### **Free to Choose**

##### **Program Description**

The Free to Choose program began as a Yolo County MHSA INN project and was incorporated into CSS to serve adults ages 18 years and older with co-occurring disorders. Free to Choose serves adults in full service partnerships (FSP) and any non-FSP adults through General System Development (GSD) that meet the program's criteria. The priority population for Free to Choose is adults experiencing co-occurring mental health and substance abuse disorders who receive mental health treatment and substance abuse services based on the principles of harm reduction. Free to Choose offers adults with co-occurring disorders a treatment and service system that acts as a bridge to other and/or more intensive rehabilitation services.

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

## **Updates from FY 2016-17**

The Free to Choose program was implemented in FY 2016-17, and progress was made toward achieving its objectives, namely, by continuing to expand the group size, frequency, and location where services are held. This program will no longer be funded under MHSA.

## **Key Successes**

During FY 2016-17, Free to Choose successfully increased the total client contacts. The program also experienced a higher number of clients that completed the learning modules and increased the total number of clients enrolled in the program.

## **Barriers or Challenges**

The Free to Choose program experienced challenges with the failure of clients to show up to scheduled meetings and ultimately dropping out of the program. To address these challenges, staff reached out to these individuals and offered to provide one-to-one services. Staff also worked to provide support services to group venues in cases where clients cited transportation as a challenge.

## **FY 2016-17 Partners**

The staff of Free to Choose continue to collaborate with HHSA and individual client's case managers to provide pertinent update information received from clients that will foster and promote the coordination and continuity of client care.

## **Projections for FY 2018-19**

### **Key activities expected for this program in FY 2018-19**

The primary upcoming activity for the Free to Choose program involves the transition and expansion of the program into a Drug Medi-Cal Services participant of Substance Use Disorder (SUD) Outpatient Services.

### **Program or service changes in FY 2018-19**

As mentioned previously, since the program has now become a certified Drug Medi-Cal SUD provider, HHSA staff aim to move this program into the Drug Medi-Cal Waiver program and expand the availability of Drug Medi-Cal related services.

## **FY 2018-19 Projected Costs**

Free to Choose will be funded under Drug Medi-Cal and not MHSA.

## Access to Care for Homeless and Indigent

### Program Description

Access to Care for Homeless and Indigent (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.

### Updates from FY 2016-17

Program was successfully transitioned and closed when Yolo County received a Federal SAMHSA grant to serve the current clients.

### Key Successes

Completed consistent outreach and engagement with individuals who were otherwise unserved due to their significant mental health and practical support needs.

### Barriers or Challenges

Outreach is difficult when individuals are living homeless due to the transient nature of their efforts to remain stable. Thus, the engagement time realistically is much longer than for individuals who are housed.

### FY 2016-17 Partners

HHSA, Davis Community Meals, Empower Yolo, Yolo County Housing and the City of Davis.

### Projections for FY 2018-19

Program is no longer MHSA funded

## Prevention and Early Intervention (PEI) Access and Linkage Programs

### Early Childhood Mental Health Access and Linkage Program

#### Program Description

The Early Childhood Mental Health (ECMH) 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 provide screening, identification, and referral services for children ages 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; Early and Periodic Screening, Diagnostic, and Treatment (EPSDT), or



school). The purpose of this program is to simplify assessments and referral of children to the services that they need.

### **Projections for FY 2018-19**

- The Early Childhood Mental Health (ECMH) Program Access and Linkage is a new program.

### **Goals for FY 2018-19**

The ECMH Access and Linkage program aims to screen and link 1,500 children/families per year and to train 10 agencies per year. In fall of 2017, the program was able to complete over 500 screenings and referred six families to Child, Youth, and Family (CYF) mental health for mental health services.

### **Key Activities**

#### **Key activities expected for this program in FY 2018-19**

Key activities for ECMH Access and Linkage Program include conducting outreach to the community about early childhood screening modalities and training key partner agencies on how to screen on their own sites. Partners include the Department of Employment and Social Services, police departments, primary care, schools, etc.

#### **Program or service changes in FY 2018-19**

The ECMH Access and Linkage program does not anticipate any services and activities changes for FY 2018-19.

### **Anticipated Barriers or Challenges**

This program may encounter barriers in referring children to appropriate channels of services due to capacity issues such as with Alta Regional Center and Children's Mental Health. Currently, Alta only has one psychologist conducting all the assessments. Children's Mental Health has two children's 0-5 clinicians internally and a few with contracted providers, but an increase in access and linkage will obviously result in an increased need for service provision.

### **FY 2018-19 Projected Costs**

- \$225,000 is the budgeted amount for this program.

## **School-based Access and Linkage Program**

### **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 ages 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 provides screening, identification, and referral services for and children and youth ages 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 the 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, EPSDT, or school). The purpose of this program is to create a simplified method of assessment and referral of children to the services that they need.

### **Projections for FY 2018-19**

- The School-based Access and Linkage program is a new program.

### **Goals for FY 2018-19**

The goals for the School-based Access and Linkage Program are to provide timely mental health triage, linkage services, risk assessment, brief intervention, and a "warm hand-off" referral to an appropriate level of care for all referrals received. It is a program goal that all routine requests will receive these services within seven calendar days of referral, and all urgent requests will receive these services within 48 hours of referral. It is an additional goal that these services be provided in several schools, a process that will be developed as staff perform outreach and engagement among school staff and in the community to raise awareness of these available services (as well as to increase and maintain the list of services available for referral).

### **Key Activities**

#### **Key activities expected for this program in FY 2018-19**

Program staff expect to achieve full implementation of this program in several schools that accept/request the program's services. Full implementation of the program entails ensuring school staff know about and know how to refer students to services, and ensuring follow-ups are made with students after referral to assess and encouraging students to complete the link to services as needed.

#### **Program or service changes in FY 2018-19**

The School-based Access and Linkage Program does not anticipate any services and activities changes for FY 2018-19.



## Anticipated Barriers or Challenges

The School-Based Access and Linkage Program anticipates challenges in communicating to community schools the shift from the previous program structure of providing direct services to screenings. Additionally, gaining school buy-in as well as identifying and developing partnerships with new schools may present challenges.

## FY 2018-19 Projected Costs

- For School-Based Access/Urban Districts, \$200,000 is the budgeted amount for this program.
- For School-Based Access/Rural Districts, \$120,000 is the budgeted amount for this program.

## Prevention and Early Intervention (PEI) Programs

### Mentorship/Strengths-building Program

#### 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 serves three functions: 1) provide school and 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 a previously identified community need to expand the reach of mental health services outside of the typical service setting, as well as to provide interventions to reduce the stigma associated with receiving mental health services. This program addresses 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.

#### Projections for FY 2018-19

- The Mentorship/Strengths-building Program is a new program.



## Goals for FY 2018-19

The Mentorship/Strengths-building Program hopes to provide leadership opportunities to a wider range of youth in the community. For rural communities, this program seeks to shorten the experience and opportunity gap that many of the youth in rural areas experience.

For urban communities, this program plans to provide after-school mentorship to children and youth, to provide school- and/or community-based prevention groups to children and youth, and to provide school- and/or community-based education programs regarding mental health to children, youth, and child-serving agencies.

## Key Activities

### Key activities expected for this program in FY 2018-19

Key activities that the program expects to achieve in FY 2018-19 include having high school students provide mentoring and academic support to younger students, for example grades 1<sup>st</sup> through 8<sup>th</sup> grade in the rural community. As for the urban communities, pilot groups of mentors will be selected and trained in mentorship and the first groups of mentees will be served, allowing data on effectiveness and success to be gathered and used to further refine the program.

### Program or service changes in FY 2018-19

The Mentorship/Strengths-building Program does not anticipate any service changes for FY 2018-19.

## Anticipated Barriers or Challenges

The Mentorship/Strengths-building Program may have challenges identifying potential mentors and gaining buy-in and commitment from schools, the mentor participants, and the mentee participants. Additional anticipated challenges are with program schedule and attendance due to competing priorities like family vacations and other youth development activities like sports.

## FY 2018-19 Projected Costs

- Mentorship/Strengths-building/Urban Districts, \$250,000 is the budgeted amount for this program.
- Mentorship/Strengths-building/Rural Districts, \$150,000 is the budgeted amount for this program.

## Wellness Project: Rural Children's Resiliency

### Program Description

The Rural Children's Resiliency program addresses parallel needs in Yolo County'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.



## Updates from FY 2016-17

The Rural Children's Resiliency program achieved its objectives during FY 2016-17. This program is transitioning to the Mentorship/Strengths-building Program and is closing in early 2018.

### Key Successes

The Rural Children's Resiliency program experienced key successes with both individual and group mentoring. Numerous students changed their perception of their self-worth and self-efficacy through one-on-one intensive mentoring, youth-to-youth mentoring within the SUCCESS program, as well as strengths and life skills groups implemented with older youth most at-risk. Staff built strong relationships with the community which led to youth becoming community leaders and being hired by community agencies and mentoring positions within our agency.

### Barriers or Challenges

Some challenges the program encountered during FY 2016-17 included high staff turnover, both at the start of program year and at the end. Turnover was addressed by having existing staff rotate between sites on certain days. Later in the year, when the opportunity for other staff arose to switch office sites and positions, the program also rotated staff between sites in order to continue to run the program as smooth and seamless as possible for the children.

### FY 2016-17 Partners

The Rural Children's Resiliency program partnered with various entities and organizations for FY 2016-17. Esparto and Winters community libraries provided programmatic space. Also, Esparto and Winters Unified School Districts partnered through their provision and allowance of program staff to mentor children individually and in groups. Other partner entities included Yolo County Housing in Winters, Yolo Family Service Agency, and Sacramento State Bachelor's in Social Work Division in terms of providing interns to help program staff facilitate groups and mentoring programs.

## Wellness Project: Urban Children's Resiliency

### Program Description

The Urban Children's Resiliency program provides evidence-based services and offers promising practices in Outreach and Engagement for at-risk children and youth in urban areas of Yolo County. This program targets children and youth who experience emotional difficulties and/or exhibit high-risk behaviors and reside in the three largest school districts of Yolo County. The Urban Children's Resiliency program includes evidence-based curricula to engage underserved youth in creative activities that build their resiliency and help to prevent further emotional/mental health trauma.



## Updates from FY 2016-17

The Urban Children's Resiliency program achieved its objectives during FY 2016-17. This program is transitioning to the Mentorship/Strengths-building Program and is closing in early 2018.

### Key Successes

The Wellness Project: Urban Children's Resiliency program exceeded the goals for clients in both the Prevention and Early Intervention programs. Among Prevention participants, 90% reported they will use the new skills they learned in the program, 89% reported learning new ways to handle difficult situations, and 91% reported the program taught them new things about themselves. Within the Early Intervention program, 84 students were served while the contract goal was only 20-30. Of those served, 83% of participants met or partially met their treatment goals.

### Barriers or Challenges

The key challenges for this program related to the fact that the contract was ending and a new contract was revising the existing program structure. For example, this resulted in a decrease in staffing, subsequently requiring existing staff to take on new roles and transfer institutional knowledge before their departure. The contract shift also necessitated a change in the agency's office location, moving from Davis to West Sacramento. These challenges were addressed through succession planning and preparation begun during the RFP process and ramped up when the new contract was awarded.

### FY 2016-17 Partners

This program relies upon ongoing collaboration and partnership with community providers, including six different school districts, probation, juvenile hall, and community non-governmental organizations. Prevention presentations and groups could not be provided to anyone without these relationships and requests. Early Intervention services were provided to students at eight different schools, relying upon the school staff and counselors to refer and inform students that program services were available.

## TAY Early Intervention Program

### Program Description

University of California (UC) Davis and the Early Diagnosis and Preventive Treatment of Psychosis Illness (EDAPT) established the TAY Early Intervention Program, which will partner with HHSA to serve TAY in Yolo County who are beginning to show signs or symptoms of a serious mental illness. The TAY Early Intervention Program is focused primarily on youth developing mood disorders (e.g., bipolar and major depressive disorders) who do not meet eligibility criteria for the EDAPT Clinic. This collaborative 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.

### **Projections for FY 2018-19**

- The TAY Early Intervention Program is a new program.

### **Key Activities**

#### **Key activities expected for this program in FY 2018-19**

Key activities for the TAY Early Intervention Program include expanding the number of trainers and trainings, providing training in Russian language, and expanding outreach efforts.

#### **Program or service changes in FY 2018-19**

The TAY Early Intervention Program does not anticipate any service changes for FY 2018-19.

### **Anticipated Barriers or Challenges**

Currently, there are no identified barriers or challenges for this program.

### **FY 2018-19 Projected Costs**

- \$180,000 is the budgeted amount for this program.

## **TAY Speaker's Bureau**

### **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 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.



## Projections for FY 2018-19

- The TAY Speakers' Bureau is a new program.

## Key Activities

### Key activities expected for this program in FY 2018-19

Key activities for the TAY Speakers' Bureau include facilitation of digital story training in Berkeley for a core group of TAY. The TAY cohort will also receive leadership and empowerment development.

### Program or service changes in FY 2018-19

The TAY Speakers' Bureau Program does not anticipate any service changes for FY 2018-19.

## Anticipated Barriers or Challenges

Currently, there are no identified barriers or challenges for this program in FY 2018-19.

## FY 2018-19 Projected Costs

- \$25,000 is the budgeted amount for this program.

## TAY Wellness Center Services

### Program Description

The TAY Wellness Center provides 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). 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 TAY. The centers will serve as a support for young people who are entering the mental health system and to navigate the service system.

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, 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. Additionally, 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.

## Projections for FY 2018-19

- The TAY Wellness Center Services is a new program.

### Key Activities

#### Key activities expected for this program in FY 2018-19

During FY 2018-19, Yolo HHSA plans to expand the capacity of TAY Wellness Center Services. HHSA will expand the Wellness Center hours and increase the number of peer support workers. The TAY Wellness Center will also increase the number of activities, outings, and groups. The Centers will expand to new locations, including Davis, and expand services provided at the newly opened STAY (Supporting Transition Age Youth) Well center at Woodland Community College.

#### Program or service changes in FY 2018-19

The TAY Wellness Center Services does not anticipate any service changes for FY 2018-19.

### Anticipated Barriers or Challenges

The TAY Wellness Center Services anticipates some barriers and challenges with the staffing resources and the coordination of multiple centers.

### FY 2018-19 Projected Costs

- \$285,000 is the budgeted amount for this program.

## Integrated Behavioral Health Services for Latino Community Families

### Program Description

The Integrated Behavioral Health Services for the Latino Community Families program provides culturally responsive services to Yolo County Latino/Hispanic residents with health issues, mental health illnesses, and/or substance use issues. The program serves the entire Latino community, providing targeted outreach effort to Latino men/heads of household. The program seeks to develop relationships between providers and consumers, including their supports, families, and community. The 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 participatory input on program activities; and 5) reducing stigma and increasing service penetration rates in the Latino community.

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 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. Utilizing Promotores (a Hispanic/Latino community member who receives 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 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.

### **Projections for FY 2018-19**

- Integrated Behavioral Health Services for the Latino Community Families, previously known as the CORE/CREO Innovation Program, transitioned into Prevention and Early Intervention Program, which expanded to serve the entire Latino community.

### **Goals for FY 2018-19**

The Integrated Behavioral Health Services for the Latino Community Families program staff plan to expand resources and engage people and family systems. In the past, staff have reached out to women heads of household who have engaged in services, but have done so often in secret due to the stigma of mental illness. Staff hope to empower these women to speak up on mental health issues and begin to come out in the open to talk about it. The intention of the program is to also engage partners in the supports the program has available.

### **Key Activities**

#### **Key activities expected for this program in FY 2018-19**

Key activities include providing mental health resources to farmworkers in their preferred language during weekly visits to various farms. The program hopes to reach a minimum of 2,100 farmworkers through a conference/workshop modality in which a wide range of agencies can share culturally responsive resources and provide outreach.

Que Viva La Vida Conferences for the Latino farmworkers will include speakers presenting resources and information on mental health, physical health, education, and much more to Latino farmworkers in some of the rural communities. The program intends on hosting at least two of these events a year, and will provide a resource fair in which up to thirty agencies will network with the event participants and provide either referrals or information for participants to act upon. Ideally, the program hopes to provide referrals to 100% of the farmworkers that may need resources by visiting two farms per week, totaling up to 45-75 farms per year.

Lastly, the program plans on engaging the family in topics related to mental health and substance use. Discussions and education will improve communication about these stigmatizing topics providing more open discussion thus reducing need for more serious mental health interventions.

### **Program or service changes in FY 2018-19**

The Integrated Behavioral Health Services for the Latino Community Families does not anticipate any program or service changes for FY 2018-19.



## Anticipated Barriers or Challenges

One challenge this program may encounter during FY 2018-19, is participation in the conferences. It is challenging to entice people to take time away from a work day to come to a conference. It may be challenging to find farms that will agree to let their workers attend the conference, rather than work on the farms, and still be paid. A second challenge that might arise is finding farms that are open to the idea of program staff coming once a week to host a resource day. Some laborers might not be open to having this offered during work hours in which the Latino males could be working. Additional challenges include continuing to address stigma in the community and trying to engage families in a community discussion about mental illness and substance use, reducing fear and stress related to immigration/deportation issues, and addressing financial and employment challenges.

## FY 2018-19 Projected Costs

- \$257,500 is the budgeted amount for this program.

## Wellness Project: Senior Peer Counselor Volunteers

### 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 with 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 the 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 as well as delivering services in a timely manner with sensitivity to the cultural needs of those served.

### Updates from FY 2016-17

For FY 2016-17, Senior Peer Volunteers doubled the number of clients served by Senior Peer Counselors. Implemented with progress made to achieve its objectives

### Key Successes

The program notes that the number of clients served by Senior Peer Counseling has doubled during FY 2016-17.



## Barriers or Challenges

During FY 2016-17, Senior Peer Counselors noted that consumers transitioning out of the program pose challenges, as consumers tend to become attached to their counselors. Program staff also noted challenges around recruiting volunteers. To address these barriers, the program provider suggested methods to counselors on how to help clients transition out of program and offered more Peer Counseling training opportunities, increasing from two to four per year.

## FY 2016-17 Partners

For FY 2016-17, Senior Peer Counselors partnered with organizations including the community-based organization Citizens Who Care and Area Assisted Living Communities. In particular, the program worked to target clientele receiving in-home support services that may be better supported by Senior Peer Counseling. Additionally, Senior Peer Volunteers conducted seminars about senior citizen mental health challenges and resources in area assisted communities.

## Projections for FY 2018-19

### Key activities expected for this program in FY 2018-19

Some key activities include the training of volunteers, expansion of the group counseling program, community outreach about opportunities to volunteer as a peer counselor, and when to reach out for a peer counselor.

### Program or service changes in FY 2018-19

The Wellness Project does not anticipate making any changes to their core services for FY 2018-19. However, the program will expand monthly group sessions to include Spanish and Russian speakers, facilitated by trained volunteer interpreters.

## FY 2018-19 Projected Costs

- \$50,000 is the budgeted amount for this program.

## Early Signs Crisis Intervention Program (SB 82)

### Program Description

The Early Signs Crisis Intervention Program (CIP) (with grant funding from SB 82) is the only PEI program that spans all age groups. Recognizing that consumers are in frequent contact with law enforcement, this service seeks to alleviate challenges that arise from justice involvement by partnering clinicians with law enforcement responding to calls for assistance. The program partners local law enforcement with community-based behavioral health service providers to respond to a mental health crisis with the goal of providing the most appropriate care.



## Updates from FY 2016-17

The Early Signs Crisis Intervention Program was implemented in FY 2016-17, and progress was made toward achieving its objectives. Law enforcement agencies also report overwhelming support for the program and the positive impacts it has had.

### Key Successes

The program experienced several programmatic successes, including building trust with law enforcement agencies, supporting clients in crisis in their homes, reducing hospitalizations, and creating more context and understanding for law enforcement regarding behavioral health treatment needs.

### Barriers or Challenges

The program was built for addressing many more clients than the program ended up treating. Additionally, HHSA has utilized MHSA funding to augment some of the costs of the program, but the grant funds are time-limited and sun setting in 2017.

### FY 2016-17 Partners

To implement and expand its services during FY 2016-17, CIP partnered with local law enforcement agencies, hospitals, and first responders throughout Yolo County. In addition, the CIP team was contracted out to Turning Point, a local community organization.

### Projections for FY 2018-19

#### Key activities expected for this program in FY 2018-19

The Early Signs Crisis Intervention Program will continue to support outcomes around improved relationships between law enforcement and community, reduced hospital admissions, fewer arrests of mental health consumers, and community stability. HHSA has also issued a Request for Proposal (RFP) for community based afterhours crisis response that will expand hours of operations to 24/7 coverage. HHSA will pursue additional funding options, including the second round of SB82 grant funding from the OAC, with specific attention to TAY and the planned RFP from the Department of Health Care Services [DHCS] for children.

#### Program or service changes in FY 2018-19

HHSA is redesigning its crisis continuum of care; one strategy will preserve a model of field-based mental health clinician response to law enforcement upon request during traditional business hours.

### FY 2018-19 Projected Costs

- \$300,000 is the budgeted amount for this program.



## Innovations (INN) Projects

As previously mentioned, the new regulations for Innovation (INN) programs require a separate planning and approval process. In July of 2017, The Mental Health Services Oversight and Accountability Commission's (MHSOAC) approved two new Innovation Programs for FY17-20: the Board & Care Study Project and the First Responders Initiative. While these program budgets are included in this Annual Update, in alignment with the regulations subsequent separate reports will follow about these programs outside of the Annual Update process.

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

### Program Description

The Community Outreach Rural Engagement (CORE)/Creando Recursos y Enlaces Para Oportunidades (CREO) program provides integrated behavioral health services to decrease the cost to the county and providers for uninsured individuals; reduce mental health hospitalizations for patients receiving services; increase the quality of life and independence for patients with health, mental health, and substance use issues; and expand consumer input on programmatic structure, outreach activities, and treatment activities.

The target population for CORE/CREO is Yolo County Latino/Hispanic residents with health issues, mental health illnesses, and/or substance use issues. Non-target population individuals are referred to appropriate sources. The program provides integrated behavioral health services for Latino/Hispanic residents with mental health, health, and/or substance use issues utilizing a Promotores model.

### Updates from FY 2016-17

CORE/CREO implemented its program, with progress made toward achieving its objectives in FY 2016-17. This program is transitioning into a Prevention and Early Intervention Program called Integrated Behavioral Health Services for Latino Community and Families.

### Key Successes

During the FY 2016-17, the CORE/CREO program achieved multiple programmatic successes. For instance, the program implemented community support groups and education to reduce levels of stigma, promote well-being, and foster increased peer support for the community. Additionally, the program increased their enrollment in substance use treatment for male heads of household while simultaneously noting there were lower numbers of clients needing to access psychiatry. Lastly, the program noted an improvement in overall Quality of Life Index scores.

### Barriers or Challenges

The CORE/CREO program did experience some challenges due to the increasing fears reported by participants regarding immigration status and worrying about attending clinic appointments. In an

effort to support access and reduce fear of receiving services, program staff took the initiative to post welcoming “safe place” signs on the doors. Groups were held to educate clients on their rights in the event of United States Immigration and Customs Enforcement (ICE) coming to their home or workplace. A speaker was invited to come discuss community safety, and clients began to openly discuss concerns.

The program faced an additional challenge of engaging Latino males in participating in services. To address this challenge, program staff provided targeted outreach in the community. For example, staff attended health fairs at several housing complexes and migrant camps and are planning to use incentives such as small-donated raffle gifts that appeal to this population to engage them in conversations about mental health and substance use problems.

### **FY 2016-17 Partners**

CORE/CREO has always partnered with Primary Care to provide the services. The CORE/CREO program began a new relationship with the Mexican Consulate in Sacramento and attended one health fair to network with other community providers and discuss program services.

### **Projections for FY 2018-19**

#### **Key activities expected for this program in FY 2018-19**

The CORE/CREO program transitioned into Prevention and Early Intervention Program now called the Integrated Behavioral Health Services for the Latino Community Families and will expand their services to this community.

#### **Program or service changes in FY 2018-19**

Not applicable as this program has transitioned.

### **FY 2018-19 Projected Costs**

As previously mentioned, the CORE/CREO program transitioned into Prevention and Early Intervention Program. [Please see Integrated Behavioral Services for the Latino Community Families for program update and projected costs on Pg. 42-44]

## **Housing Now**

### **Program Description**

Housing Now is an MHSA INN program that provides timely and comprehensive housing resource coordination and assistance to individuals in Yolo County with mental illness, in order to increase the number of individuals who retain stable housing, reduce homelessness, limit interaction with crisis and law enforcement services, and improve clients’ general health. The target population is Yolo County’s homeless residents with mental illness.





## Updates from FY 2016-17

Housing Now implemented its program, with progress made to achieve its objectives in FY 2016-17. This program is a time-limited INN program that ended in 2017. [For more information on the Housing Now Program, regarding population served, please see Appendix VIII.]

### Updates from FY 2016-17

Program was successfully transitioned and closed when Yolo County received a Federal SAMHSA grant to serve the current clients.

### Key Successes

Completed consistent outreach and engagement with individuals who were otherwise unserved due to their significant mental health and practical support needs.

### Barriers or Challenges

Outreach is difficult when individuals are living homeless due to the transient nature of their efforts to remain stable. Thus, the engagement time realistically is much longer than for individuals who are housed.

### FY 2016-17 Partners

HHS, Davis Community Meals, Empower Yolo, Yolo County Housing, and the City of Davis.

### Projections for FY 2018-19

Program is no longer MHS funded

## Workforce Education Training (WET)

### Early Signs Project: Early Signs Training and Assistance

#### Program Description

Early Signs Training and Assistance focuses on reducing stigma associated with mental illness, 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 (MHFA) Certification, and Youth Mental Health Aid Certification. The purpose of these training programs is to help expand the reach of individuals who have the knowledge and skills to respond to or prevent a mental health crisis in the community, 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 to expand the reach of

mental health services to non-mental health staff through the provision of suicide prevention and intervention programs and supports.

### **Updates from FY 2016-17**

The Early Signs Training and Assistance program made progress toward its objectives for FY 2016-17.

### **Key Successes**

Through targeted and increased marketing and community outreach, the Early Signs Training and Assistance program increased the number of trainings offered, increased the number of persons receiving the training. In FY 2016-17, this program strengthened agency partnerships with schools and universities resulting in increased training requests. Additionally, the Child, Youth and Family Branch of this agency requested MHFA/Youth trainings for its social workers in coming months. Two additional staff members became MHFA instructors, and the program has an additional Youth Mental Health First Aid instructor as well. Currently, one instructor completed the modules for Higher Education, Veterans and Families, and the Public Safety designations offered by the National Council and Mental Health First Aid USA. UC Davis trainings will now be presented using this curriculum. However, it is important to note that more instructors will be needed to answer demand for MHFA trainings in the future.

During this reporting period, the Educate, Equip, and Support: Building Hope Parent Training was implemented, but registrations were low. Improvements in this area are expected when it is offered in the spring, given new participant recruiting sources.

### **Barriers or Challenges**

Due to the loss of a second trainer, ASIST trainings were not offered in FY 2016-17. In the future, this program plans to acquire a second trainer and have the other recertified. There has been an increase in demand for Question, Persuade, Refer (QPR) trainings, which have increased overall. It continues to be a challenge for the program to inform the general public about Prevention/Early Intervention trainings, as well as to attain suitable locations to present the trainings throughout the county. Additionally, the program needs more training instructors. To address these challenges, program staff are working with the County Administrative Office to provide more advertising via social media. Also, program staff will begin to use more community bulletin boards and networks and increase targeted marketing and community collaboration.

### **FY 2016-17 Partners**

In FY 2016-17, Early Signs Staff worked closely with the Yolo County Office of Education (YCOE) to provide MHFA trainings, resource presentations, and the Building a Resilient Yolo Summit. The Outreach Specialist was a member of the steering committee for the Summit, and HHS/MHSA/CYF and YCOE will continue to collaborate on Programs Benefitting Children.



In prior years, NAMI on campus hosted weekend MHFA trainings for students. This year the UC Davis Student Health/Wellness Centers began hosting evening trainings for students twice a semester with successful participation, as evident by max number of registrants reached for every training. The Early Signs program staff have begun training Woodland Community College staff in MHFA, and will continue to expand trainings to include the Yolo Foster Kin Program.

### **Projections for FY 2018-19**

#### **Key activities expected for this program in FY 2018-19**

Key activities for Early Signs includes a significant increase in the number of MHFA and QPR training, especially to public/university school staff and HHS Child Welfare Services and Social Services. It is expected that the program will expand again when it can offer ASIST and SAFEtalk trainings to the community with some consistency. The program will also begin offering the MHFA Public Safety module to probation and parole staff. Community outreach and engagement will also increase, creating more opportunities to highlight and enhance existing programs.

#### **Program or service changes in FY 2018-19**

The Early Signs Project does not anticipate making any service changes for FY2018-19.

### **FY 2018-19 Projected Costs**

- \$350,000 is budgeted for this program.

## **Early Signs Project Crisis Intervention CIT (Training)**

### **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 (POST) 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 two days per week over two weeks, for a total of four full training days.

## Updates from FY 2016-17

The Crisis Intervention Team (CIT) training program was fully implemented and exceeded its program objectives in FY 2016-17.

### Key Successes

The Crisis Intervention team experienced several successes. For example, the attendance and training by the County Sheriff's office exceeded expectations. Over 100 in-custody officers were trained with a modified curriculum in which each shift received an 8-hour training; this was an unprecedented level of participation by the Sheriff's Office.

The Crisis Intervention Training course has been reviewed and re-certified by Commission on POST to a full 40 hours. CIT has successfully partnered with the new Chief of Police for the UC Davis Police Department, who has made a commitment to train his entire department during FY 2016-17 and into FY 2017-18. This is a historical success for the program and the first time CIT has had this level of commitment from UC Davis Police.

### Barriers or Challenges

CIT continues to struggle to enroll officers from smaller departments. With smaller agencies, staffing is a barrier which means sending an officer for 40 hours is a huge time commitment. The program will continue to offer the class in two segments, to accommodate the smaller agencies.

### FY 2016-17 Partners

CIT has successfully partnered with the UC Davis Police Department.

### Projections for FY 2018-19

#### Key activities expected for this program in FY 2018-19

Early Signs Project CIT will most likely increase trainings to better support the newly vested interest of local law enforcement agencies. Because of the new case law, there is a renewed interest in the CIT training. Simultaneously, every agency in Yolo County has experienced retirements and turnover, resulting in new and lateral officers at each department in the county that now need the state mandated CIT training.

#### Program or service changes in FY 2018-19

Early Signs Project CIT does not anticipate making service and activity changes for FY 2018-19.

### FY 2018-19 Projected Costs

- \$50,000 is the budgeted amount for this program.

## Mental Health Professional Development

### 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. 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.

### Updates from FY 2016-17

The Mental Health Professional Development program was implemented in FY 2016-17, and progress was made toward achieving its objectives.

### Key Successes

For FY 2016-17, the Mental Health Professional Development program identified several successes. A new WET Coordinator was assigned in October 2016 to enhance the mental health training program. More specific topics have been included in the training calendar to increase culturally responsive and trauma-informed service delivery. A new Cultural Competence/Ethnic Service Manager was assigned in October 2016 which resulted in resumed Cultural Competence Committee meetings, activities, and trainings for staff members and providers. Lastly, front-office staff received an increased number of trainings regarding cultural competency.

### Barriers or Challenges

The program experienced challenges maintaining accurate information flow regarding staff changes and needed e-learning/Relias accounts. To address these barriers, program staff implemented an internal reporting system initiated to inform appropriate individuals of staff changes to manage assignments of Relias accounts.

### Projections for FY 2018-19

#### Key activities expected for this program to in FY 2018-19

Some key activities for this program include, the provision of customer service and de-escalation training for HSA front office staff, provision of a minimum of 3 hours of cultural competency training



opportunities for HHSA staff and providers, and an increase Cultural Competence/Mental Health Resource library, including books, DVDs and other tools.

#### **Program or service changes in FY 2018-19**

Mental Health Professional development does not anticipate making any services and activities changes for FY 2018-19.

#### **FY 2018-19 Projected Costs**

- \$160,000 is the budgeted amount for this program.

### **Psychiatry Residency Program Development**

#### **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 UC San Francisco, 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.

#### **Updates from FY 2016-17**

Due to the unavailability of psychiatrists needed for program implementation, this program was not implemented during FY 2016-17.

#### **Barriers or Challenges**

The availability of supervising psychiatrists presented the barrier that prevented implementation of this program.

#### **Projections for FY 2018-19**

##### **Key activities expected for this program in FY 2018-19**





Yolo continues to be committed to this initiative and plans to continue to develop the partnership with UC Davis Medical School and recruit psychiatric residents for the program as outlined in both the FY 2016-17 and Yolo County MHSA Three Year Program and Expenditure Plan 2017-2020.

#### **Program or service changes in FY 2018-19**

Psychiatry Residency Program development does not anticipate making any service and activity changes for FY 2018-19.

#### **FY 2018-19 Projected Costs**

- \$50,000 is the budgeted amount for this program

### **Cultural Competency/ LGBT+ Cultural Competency Initiative (Stigma Discrimination Reduction)**

#### **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 HHS 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. This Initiative responds to the 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 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 HHS 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/LGBT+ Cultural Competency Initiative will support the outcomes of increasing the depth of cultural competency among HHS 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 improving data collection.



## Projections for FY 2018-19

- The Cultural Competency/LGBT+ Cultural Competency Initiative is a new program.

## Goals for FY 2018-19

During the FY 2018-19, the Cultural Competency/LGBT+ Cultural Competency Initiative plans to increase targeted training support and improve cultural competency across the system.

## Key Activities

### Key activities expected for this program in FY 2018-19

During the start-up phase of this initiative, this program provided basic training for all behavioral staff members on serving the LGBT+ population; coordinated participation in specialized LGBT+ training, including livestream opportunity; and identified expectations and resources for expert level of LGBT+ staff members.

The Cultural Competency/LGBT+ Cultural Competency Initiative will provide LGBT+ cultural competency training to all staff members, secure LGBT+ resources to help demonstrate an agency-wide LGBT+ welcoming environment, develop or secure LGBT+ curriculum and/or materials to support LGBT+ expert staff, and provide specialized training and supervision to LGBT+ expert staff members.

### Program or service changes in FY 2018-19

The Cultural Competency/LGBT+ Cultural Competency Initiative does not anticipate any service changes for FY 2018-19.

## Anticipated Barriers or Challenges

Some possible program barriers include the time availability of staff to participate in activities given current work expectations/assignments.

## FY 2018-19 Projected Costs

- \$50,000 is the budgeted amount for this program for the LGBT+ Initiative.
- \$120,000 is the budgeted amount for this program for the Cultural Competence/WET Coordinator.

## Clinical Internship Program (Formerly Intern Therapy for Older Adults)

### Program Description

Formerly known as the Intern Therapy for Older Adults program, the Clinical Internship program is a newly designed program intended to expand the existing Intern Therapy Program (a stipend 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 16 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.

The program aims to increase the availability of home- and community-based clinical services while training new Social Workers in specialty mental health services. The Clinical Internship program connects Masters' level student interns with mental health consumers through rotation placements on various teams, including Older Adults, Access and Crisis, Forensic, Transition Age Youth, Homeless and Full Service Partnership. HHSA will ensure that interns receive the required level of clinical supervision and training ongoing.

### **Projections for FY 2018-19**

- The Clinical Internship Program is a continuing program.

### **Goals for FY 2018-19**

The Clinical Internship Program plans to work with California State University, Sacramento, and/or other local schools to grow the social work field and give practicum experience. This program aims to increase the availability of home- and community-based clinical services while training new Social Workers in specialty mental health services for individuals age 16 and older.

### **Key Activities**

#### **Key activities expected for this program in FY 2018-19**

The program plans to accept another group of interns for training, and rotate them through the various programs in the integrated HHSA.

#### **Program or service changes in FY 2018-19**

The Clinical Internship Program does not anticipate any service changes for FY 2018-19.

### **Anticipated Barriers or Challenges**

HHSA does not anticipate any barriers or challenges to full implementation of this program.

### **FY 2018-19 Projected Costs**

- \$80,000 is the budgeted amount for this program.

## **Capital Facilities and Technology Needs (CFTN)**

### **Adult Wellness Center Renovations**

#### **Program Description**

Yolo County's Adult 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 HHS 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.

### **Updates from FY 2016-17**

HHS advanced the Woodland Center improvements project by actually executing the remodel demolition, construction, and refurbishing of the existing space. Timeline for the remodel was delayed due to project complications and contractor availability resulting in a remodel window that extended from August 2016–May 2017. HHS began the process of exploring public and/or county property in Davis, to be used for a Wellness Center in that community, which upon opening will have extended TAY services at the community's request.

### **Key Successes**

The Woodland Wellness Center was completed in May 2017 expanding the ability to offer the life skills curriculum with the addition of a fully accessible kitchen, improved food pantry storage, additional storage space, dedicated computer stations, and an overall refresh of the space that created a more functional and inviting space for center activities and clients. The decision to co-locate the Davis Wellness Center in the same building as clinic services in Davis was the key success for the Davis Wellness Center project in FY 2016-17.

### **Barriers or Challenges**

Some delays to the project plan extended the inconvenience of operating Center functions out of the alternative dedicated space, as it reduced the number of meeting spaces available to County staff for meetings and limited the Center's ability to provide life skill instructions during the construction period.

Due to a larger project scope for the construction at 600 A Street, the work on the Davis location was not started in FY 2016-17. However, MHS provided the services of the Office Support Specialist to aid county staff who were having difficulty finding alternate meeting space. MHS Staff remained active in the planning of the Davis 600 A construction project continually advocating for Wellness Center space to meet the needs of the Center.

During the Woodland Wellness Center renovation, life skill instruction limitations were addressed by restricting the preparation of meals to items that could be successfully prepared in crock pots and large electric frying pans. Due to space limitations, cooking participation was restricted to a few client assistants per week with participation credits being given to anyone who participated in the after-preparation conversation about the meal prep and the consumption of the meal.

## **FY 2016-17 Partners**

Center construction was completed via B.T. Mancini Co., Inc. and construction documents were prepared by architects at Lionakis. Furnishings and electronics were purchased through Campbell Keller, Ashley Furniture, Best Buy, Sears, and Costco. Furnishings were not purchased with Capital Facilities funds. MHSA Staff worked closely with HHS Service Center staff to ensure project plans had dedicated Wellness Center space that would accommodate program functions.

## **Projections for FY 2018-19**

### **Key activities expected for this program in FY 2018-19**

The Woodland Remodel efforts concluded with a grand opening in May 2017. The Davis Wellness Center remodel began Winter of 2017 with a planned opening in early Summer 2018.

### **Program or service changes in FY 2018-19**

For the CFTN wellness center renovations, it is expected that the construction and program implementation will occur during this fiscal year and be concluded before the start of FY 2018-19.

## **FY 2018-19 Projected Costs**

- \$150,000 is budgeted for the FSP program.

## **Mental Health Adult Residential Treatment Program**

### **Program Description**

Yolo County plans to develop mental health adult residential treatment (ART) facility to support people transitioning back to the community from institutional placements, such as Institution for Mental Disease (IMD)/Mental Health Rehabilitation Center (MHRC), 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.

## Projections for FY 2018-19

- The Mental Health Adult Residential Treatment Program is a new program.

## Goals for FY 2018-19

The goal of this program is to decrease the number of adults placed in IMD/MHRC, and reduce the average length of hospital and institutional placement. Additionally, the program hopes to improve the recovery, including family and social connectedness, of adults with serious mental illness.

## Key Activities for FY 2018-19

### Key activities expected for this program in FY 2018-19

Some of the key activities for this program include providing a community-based residential treatment alternative for adults at risk of IMD/MHRC placement. The program will also provide psychosocial and clinical services to adults with SMI who are at risk of or transitioning from IMD/MHRC placement. Also, this program will incorporate 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. Lastly, this program seeks to provide individual, family, and group treatment for mental health and co-occurring disorders while using evidence-based practices and implementing quality assurance practices.

### Program or service changes in FY 2018-19

The Mental Health Adult Residential Treatment Program does not anticipate making any service changes for FY 2018-19.

## FY 2018-19 Projected Costs

- \$920,000 is the budgeted amount for the Mental Health Adult Residential Treatment Full Service Partnership program.

## Peer Workforce Development Workgroup

### Program Description

The Peer Workforce Development Workgroup will develop a program that: 1) provides 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.





## Projections for FY 2018-19

- The Peer Workforce Development Workgroup is a new program.

## Goals for FY 2018-19

Some of the goals for the Peer Workforce Development Workgroup include increasing the visibility, skill development, and role clarity of peer workforce while decreasing stigma and inherent bias in the non-peer workforce.

## Key Activities

### Key activities expected for this program in FY 2018-19

Key activities for the Peer Workforce Development Workgroup include conducting a minimum of four workgroup meetings, identifying and implementing; 1) Initial peer orientation, 2) basic peer training and 3) ongoing peer professional development opportunities. Lastly, the program will host and provide trainings to enhance understanding and collaboration between peer and non-peer workforce.

### Program or service changes in FY 2018-19

The Peer Workforce Development Workgroup does not anticipate making any program changes for FY 2018-19.

## Anticipated Barriers or Challenges

A potential barrier includes the time availability of staff (peer and non-peer workforce) to participate in the program's activities.

## FY 2018-19 Projected Costs

- \$40,000 is the budgeted amount for this program.

## Telepsychiatry

### Program Description

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

The mobile Tele-Mental Health program addresses the identified need to reach children and their families who cannot access Yolo HHSA in Woodland or other services due to barriers to access (e.g., rural settings, transportation difficulties, etc.) or other disabilities. Mobile Tele-Mental Health services allow live, interactive, two-way, audio-video communication technology. 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.

### **Updates from FY 2016-17**

Revised: Mobile Tele-Health efforts were not implemented in FY 2016-17. Clinic based Tele-Psychiatry services started in Fall 2017 and are helping to achieve a more timely access to services.

### **Barriers or Challenges**

Due to changes to regulations regarding provisions for Tele-med services, Tele-med services were unable to be implemented as written during the fiscal year and had to shift its program approach. Thus execution of this program shifted from a mobile tele-med access program to a clinic based tele-med program.

### **Projections for FY 2018-19**

#### **Key activities expected for the program in FY 2018-19**

A key activity envisioned for this program is improved access to medical support services.

#### **Program services and activities to change in FY 2018-19**

This program has experienced some recent success and will expand in FY 2018-19 to operate more days per week.

### **FY 2018-19 Projected Costs**

- \$160,000 is the budgeted amount for this program.

## **Electronic Health Record and Data Upgrades**

### **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 MSHA 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.

### **Updates from FY 2016-17**

Progress was made toward achieving some of the targeted objectives in FY 2016-17; most objectives were not implemented.

### **Key Successes**

Document imaging and the implementation of clinic-based telemedicine.

### **Barriers or Challenges**

HSA was without a System Administrator for the first half of the FY. The System Administrator position has been filled, but the System Coordinator position was eliminated; there are 2.0 FTEs assigned to the Electronic Health Record. The implementation of CareConnect and Myhealthpoint require Health Information Exchange capabilities and the use of SnoMed codes that are beyond current system functionality. The ASI requires a scoring mechanism that is not currently supported by the Electronic Health System. However, at the direction of the Department of Health Care Services, HSA has decided to implement use of the ASAM in lieu of ASI. Netsmart is currently working toward a solution to bring ASAM into Electronic Health Record. The move from physical servers to a virtual environment has not been completed due to system configuration requirements. Specifically, current version of scanning software requires Cache 2010, while the virtual environment requires Microsoft Server 2012, which is not supported by Cache 2010. HSA is exploring the possibility of changing to a hosted environment, which would negate the need to change to a virtual environment.

### **FY 2016-17 Partners**

HSA worked closely with the Yolo County Information Technology department.

### **Projections for FY 2018-19**

#### **Key activities expected for this program in FY 2018-19**

HSA will continue to expand its use of telemedicine, further upgrade Document Imaging software to increase functionality, develop an Information Systems strategic plan, and implement key components for Health Information Exchange.

#### **Program or service changes in FY 2018-19**



HHSA anticipates hiring a project coordinator to oversee Electronic Health Record and Data Upgrades in FY2018-19.

### **FY 2018-19 Projected Costs**

- \$150,000 is budgeted for Technology Needs.

## **LGBT+ Data Collection**

### **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 exist. 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. Yolo County will implement updates to their EHR and other record keeping systems to identify LGBTQ consumers and their current utilization of services. Key activities include updating data systems to include LGBT+ indicators and identifying LGBT+ consumers and current utilization of services.

### **Projections for FY 2018-19**

- The LGBT+ Data Collection is a new program.

### **Goals for FY 2018-19**

One of the goals for the LGBT+ Data Collection Initiative is to bring more visibility to a previously invisible population, quantify the needs of this minority population, and help inform the future development of programs and services in our system of care that will target the specific needs of LGBT+ clients.

### **Key Activities**

#### **Key activities expected for this program in FY 2018-19**

Some of the key activities for this program include the ability to identify improved data collection strategies; provide information and support to all MHSA PEI contractors to meet expectations regarding collecting, tracking, and reporting the expanded demographic measures; and explore and/or identify a timeline for expanded demographic reporting from other MHSA program components.

#### **Program or service changes in FY 2018-19**

The LGBT+ Data Collection does not anticipate making any program changes for FY 2018-19.



## Anticipated Barriers or Challenges

Some of the anticipated challenges include the staff resources needed by smaller providers for collection, tracking, and reporting of data; addressing concerns around appropriate age and setting of data collection in regard to privacy rights and comprehension of what is being requested; incorporating any amended PEI Demographic collection requirements; and addressing the impact that changing data collection and reporting practices may have on providers' data quality.

## Social Media Initiative

### 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 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.

### Projections for FY 2018-19

This Social Media Initiative is a new program.



## Goals for FY 2018-19

Some of the goals for this initiative include exploring 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.

## Key Activities

### Key activities expected for this program in FY 2018-19

Yolo County HHSA will begin the exploration of social media and mobile applications that include social media management tools that can run automatic analytics. 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.

### Program or service changes in FY 2018-19

The Social Media Initiative does not anticipate making any program changes for FY 2018-19.

## Anticipated Barriers or Challenges

This program will require subject matter expertise on technological aspects of social media, and is currently looking support around this matter.



### III. MHSAs Program Expenditure Updates

The documents enclosed in the following section are submitted in compliance with the Mental Health Services Oversight and Accountability Commission's (MHSOAC) *FY 2016-17 MHSAs Annual Update Program and Expenditure Plan Submittals* ([www.mhsoac.ca.gov](http://www.mhsoac.ca.gov)) instructions for documenting the expenditure of the proposed MHSAs programs.

DRAFT



## FY 2018-19 Mental Health Services Act Annual Update Funding Summary

County: YOLO

Date: \_\_\_\_\_

	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
<b>A. Estimated FY 2018-19 Funding</b>						
1. Estimated Unspent Funds from Prior Fiscal Years	3,759,905	1,617,937	116,452	144,611	(73,250)	
2. Estimated New FY 2018-19 Funding	8,061,608	2,180,000	539,032			
3. Transfer in FY 2018-19 <sup>a/</sup>	(951,250)			517,500	258,750	175,000
4. Access Local Prudent Reserve in FY 2018-19						0
5. Estimated Available Funding for FY 2018-19	10,870,263	3,797,937	655,484	662,111	185,500	
<b>B. Estimated FY 2017-18 MHSA Expenditures</b>	8,411,675	2,891,375	579,500	517,500	258,750	
<b>C. Estimated FY 2018-19 Unspent Fund Balance</b>	2,458,588	906,562	75,984	144,611	(73,250)	

<b>D. Estimated Local Prudent Reserve Balance</b>	
1. Estimated Local Prudent Reserve Balance on June 30, 2018	689,069
2. Contributions to the Local Prudent Reserve in FY 2018-19	175,000
3. Distributions from the Local Prudent Reserve in FY 2018-19	0
4. Estimated Local Prudent Reserve Balance on June 30, 2019	864,069



## FY 2018-19 Mental Health Services Act Annual Update Community Services and Supports (CSS) Component Funding

County: YOLO

Date: \_\_\_\_\_

	<b>Fiscal Year 2018-19</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated CSS Funding</b>	<b>Estimated Medi-Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>FSP Programs</b>						
1. Children's Mental Health Pathways to	832,550	595,000	237,550			
2. Independence (TAY) Adult Wellness	832,550	595,000	237,550			
3. Alternative/ Intensive	4,325,000	3,200,000	1,125,000			
4. Older Adult Outreach and Assessment Residential Treatment	832,550	595,000	237,550			
5. Services	1,220,000	920,000	300,000			
<b>Non-FSP Programs</b>						
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 Services	100,000	100,000	0			
8. Community Planning Process	64,000	64,000	0			
<b>CSS Administration</b>	1,466,275	1,097,175	369,100			
<b>CSS MHSA Housing Program Assigned Funds</b>	0					
<b>Total CSS Program Estimated Expenditures</b>	11,253,425	8,411,675	2,841,750	0	0	0
<b>FSP Programs as Percent of Total</b>	95.6%					

**FY 2018-19 Mental Health Services Act Annual Update  
Prevention and Early Intervention (PEI) Component Funding**

	<b>Fiscal Year 2018-19</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated PEI Funding</b>	<b>Estimated Medi-Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>PEI Programs -- Access and Linkage</b>						
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	100,000			
<b>Early Intervention</b>						
5. School-Based Mentorship/Strengths-Bldg., Urban	250,000	250,000				
6. School-Based Mentorship/Strengths-Bldg., Rural	150,000	150,000				
7. Senior Peer Counseling Program	50,000	50,000				
<b>Prevention</b>						
8. Youth Early Intervention/Access and Linkage	260,000	180,000	80,000			
<b>Outreach/Recognition of Signs of Mental Illness</b>						
9. Early Signs Training and Assistance	350,000	350,000				
10. Crisis Intervention Training SB82 Crisis Intervention Prog.	50,000	50,000				
11. Augmentation	950,000	300,000	150,000			500,000
<b>Stigma and Discrimination Reduction</b>						
12. TAY Speakers' Bureau Latino Outreach/MH Promotores	25,000	25,000				
13. Program	280,000	257,500	22,500			
14. LGBT+ Initiative	50,000	50,000				
<b>PEI Administration</b>	433,500	373,875	59,625			
<b>PEI Assigned Funds (CalMHSA JPA)</b>	25,000	25,000				
<b>Total PEI Program Estimated Expenditures</b>	3,878,500	2,891,375	487,125	0	0	500,000



**FY 2018-19 Mental Health Services Act Annual Update  
Innovations (INN) Component Funding**

	<b>Fiscal Year 2018-19</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated INN Funding</b>	<b>Estimated Medi-Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>PROPOSED INN Programs (MHSOAC Approval Pending)</b>						
Research Proj.: Increase Board/Care						
1. Housing First Responders' Initiative: MH	89,125*	89,125*				
2. Urgent Care	2,150,000	500,000	150,000			1,500,000
<b>INN Administration</b>	109,125	86,625	22,500			
<b>Total INN Program Estimated Expenditures</b>	2,334,125	664,125	172,500	0	0	1,500,000

\*The Board and Care Research Project received funding for one year at \$89,125 and is currently in implementation year, FY 2017-18. Future programming will be approved by the MHSOAC.

**NOTE:** In the INN Project Budget approved by MHSOAC, the budget narrative provides the following for First Responders Initiative:

- \$790,630 per yr for salary/benefits for FTE clinicians, case managers, and analyst
- \$75,075 administrative costs at 15%
- \$200,000 in in-kind operating costs
- \$520,000 for \$500,000 in contracts with local hospitals for 4 NPs and \$20,000 for program evaluation
- \$35,000 consultant fee for program evaluation

Total MHSO INN Funds: \$575,075

Anticipated FFP Funds: \$300,630

Estimated Other Funds: \$725,000 (Maddy EMS)

\$215,000 (IGT)

**FY 2018-19 Mental Health Services Act Annual Update**



## Workforce, Education and Training (WET) Funding

County: YOLO

Date: \_\_\_\_\_

	<b>Fiscal Year 2018-19</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated WET Funding</b>	<b>Estimated Medi-Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>WET Coordinator</b> (Including Cultural Competence)	160,000	120,000	40,000			
<b>WET Programs</b>						
1. Mental Health Professional Development	160,000	160,000				
2. Clinical Training Program	80,000	80,000				
3. Psychiatry Internship Peer Workforce	50,000	50,000				
4. Development Workgroup	40,000	40,000				
<b>WET Administration</b>	67,500	67,500				
<b>Total WET Program Estimated Expenditures</b>	<b>557,500</b>	<b>517,500</b>	<b>40,000</b>	<b>0</b>	<b>0</b>	<b>0</b>



**FY 2018-19 Mental Health Services Act Annual Update  
Capital Facilities/Technological Needs (CFTN) Funding**

	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
<b>CFTN Programs - Capital Facilities Projects</b>						
1. MHSA Capitalized Repair/ Replacement Reserve	75,000	75,000				
<b>CFTN Programs - Technological Needs Projects</b>						
1. IT Hardware, Software, Subscription Svcs.	150,000	150,000				
<b>CFTN Administration</b>	33,750	33,750				
<b>Total CFTN Program Estimated Expenditures</b>	258,750	258,750	0	0	0	0

## Appendices

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## Appendix I: MHSA Community Program Planning Process: Yolo MHSA Programs [FY 2017-2020]

### Capital Facilities and Technology Needs (CFTN)

Program Name	Target Pop	Description
Electronic Health Record and Data Upgrades		Yolo County has been updating information systems and software systems, standardizing data collection, improving its electronic documentation system, and strengthening analytic and reporting process. The county seeks to shift from an output to an outcomes data system.
Adult Residential Tx Program	Adult ages 26-59; 18+ with serious mental illness or at risk of institutional placement.	Yolo County plans to develop a residential treatment facility to provide a community-based residential treatment alternative for adults at risk of falling back into Mental Health Rehabilitation Center (MHCs) and/or Institutions for Mental Diseases (IMD).
Adult Wellness Center	TAY Ages 16-24; Ages 24-59; Adult Ages 60+	Yolo HHSA is in the process of expanding and remodeling its existing wellness centers in Woodland and West Sacramento and renovating a third Wellness Center in Davis. This program provides an alternative drop-in space with a variety of rehabilitative services, skill building groups, and computer labs with internet access.
Tele Psychiatry	Older Adults with Serious Mental Illness	Mobile Tele-Mental Health services provide psychiatric services to clients through live, interactive audio videoconferencing during which Yolo HHSA staff facilitate the consultation between the client and the psychiatrist, taking special care in ensuring the privacy, confidentiality, and informed consent of the client.
Social Media Initiative		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.
LGBT+ Data Collection		Yolo County will initiate data collection across the county on the LGBT+ community to provide culturally responsive outreach, quality mental health services/programs, and ultimately improve outcomes among this population. There are currently no indicators for this population; this program responds to the need to better support this marginalized community.

### Community Services and Supports (CSS)

Program Name	Target Pop	Description
Adult Wellness Alternatives	Adults ages 26 – 59	The Adult Wellness Alternatives Program provides systems development, full service partnership, and engagement services to adults who are unlikely to maintain recovery in the absence of ongoing services. Wellness Centers provide case management, psychiatry, and a continuum of services across the County.
Children's Mental Health Services	Children up to age 17 with unmet or mental health treatment needs.	The Children's Mental (CMS) Health Program provides 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.
Community Based Drop in Navigation Centers	Adult Ages 26-59 / Older Adult 60+	The Community Based Drop-In Navigation Centers will offer behavioral health and social services to adults at risk of incarceration, hospitalization, and/or homelessness, who are not yet connecting to services. Staff provide services such as assessment and linkage to mental health services, activity or psychosocial/educational groups, assistance with housing or public benefit applications, and individual case management.

### Community Services and Supports (CSS) Cont.

Program Name	Target Pop	Description
Pathways to Independence	TAY 6-25	The Pathways to Independence Program provides outreach and engagement, systems development, and full service partnership services for youth with severe emotional disturbance and/or serious mental illness. This program will address needs including access to case management and psychiatry, upholding a continuum of services, and separating TAY Wellness Center services from adult services.
Peer and Family Led Support Services	Adult Ages 26-59	Peer and Family Led Support Services assists peers and families to understand the signs and symptoms of mental health, promote awareness of mental health resources, develop ways to support an individual or loved one to access needed services, and receive support to cope with the impact of mental health for an individual or within the family. Program services are peer/family led.

### Prevention and Early Intervention (PEI)

Program Name	Target Pop	Description
Early Signs Project: Crisis Intervention Team (CIT) Training	Adults ages 25–59	CIT is modeled after the CIT Memphis Model that focuses on training law enforcement and other first responders to recognize the signs of mental illness when responding to a person experiencing a mental health crisis. The course teaches trainees on the signs and symptoms of mental illness and coaching on how to respond appropriately and compassionately to individuals or families in crisis.
Early Intervention Program	TAY 16-25	The Early Intervention program focuses 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.
Early Signs Training and Assistance	TAY Ages 16-24; Ages 24-59; Adult Ages 60+	Early Signs Training and Assistance trains individuals who have the knowledge and skills to respond to or prevent a mental health crisis in the community. The program offers training to providers, individuals, and other caregivers on approaches including: Applied Suicide Intervention Strategies Training (ASIST), SafeTALK, Mental Health First Aid Certification, and Youth Mental Health Aid Certification.
Integrated Behavioral Health Services for Latino Community and Families	Adult ages 26-59	The Integrated Behavioral Health Services for the Latino Community Families program will provide culturally responsive services to Latino/Hispanic residents with health issues, mental health illnesses, and/or substance use issues. The program provides primary care and full-scope behavioral health services to consumers, focused on engaging the family system and strategies for engaging men.
Mentorship/Strengths-Building Program	Children Ages 0-15	The Mentorship/Strengths-Building Program provides outreach and engagement for at-risk youth to build their resiliency and help mitigate their mental health experiences. The program offers, 1) school and community based education programs about children's mental health 2) school and/or community based prevention groups for school-age children, and 3) after-school mentorship to children and youth. Services are conducted in familiar settings for children and families, with bilingual/bicultural staff in areas with a high proportion of non-English speaking populations. This program is adapted from the mentorship component of the former PEI Wellness Project Programs for Urban and Rural Resiliency in prior iterations of the Yolo MHSA Program and Expenditure Plan.



## Prevention and Early Intervention (PEI)

Program Name	Target Pop	Description
Early Childhood Mental Health Access and Linkage Program	Children Ages 0-5	<p>The Early Childhood Mental Health Program Access and Linkage program connects children to the appropriate prevention or mental health treatment service. By placing a referral and access specialist in community settings, the program provides universal screenings to identify children who at risk of, or beginning to, develop mental health issues. The program then connects children to suitable services that prevent or intervene early to address mental health problems, regardless of funding source or service setting.</p> <p>*This program is an augmentation of the former PEI Wellness Project Programs for Urban and Rural Resiliency in prior iterations of the Yolo MHSA Program and Expenditure Plan.</p>
School-Based Access and Linkage Program	Children Ages 16-18	<p>The School-Based Access and Linkage program places a specialist who offers identification and intervention for youth who need mental health services and links them to suitable services, regardless of funding or service setting. Wellness Teams will also meet monthly to review current participants and refer new youth, including school administrators, counselors, teachers, and staff. This program shifts the focus from brief treatment in the schools, to understanding needs and linking the child to the appropriate level of mental health service.</p> <p>*This program is an augmentation of the former PEI Wellness Project Programs for Urban and Rural Resiliency in prior iterations of the Yolo MHSA Program and Expenditure Plan</p>
TAY Speaker's Bureau	TAY 16-25	<p>The TAY Speaker's Bureau engages TAY to share experiences with mental health to educate and inspire their communities. TAY will receive monthly training and stipends for developing their stories, public speaking practice, and community presentations. The program aims to reduce the stigma by replacing harmful misconceptions with stories of recovery and resiliency.</p>
TAY Wellness Center Services	TAY 16-25	<p>Yolo County HHS is developing wellness center days and hours for TAY who are either at-risk of, or currently experiencing, mental health problems. The center will help TAY navigate the system and promote recovery, resiliency, and connection to services. The centers will provide multiple levels of mental health services, from one-on-one services to severe mental illness interventions. Services provide a safe space through activities including sport activities, mentoring, college preparedness workshops, and group counseling.</p>
Wellness Project: Senior Peer Counselor Volunteers	Adults ages 60+	<p>Senior Peer Counselors mobilizes community volunteers to provide free counseling and visiting services for Older Adults who are experiencing loneliness, depression, loss of spouse, illness, or other concerns of aging. By providing psychosocial supports and identifying signs of mental illness early on, Senior Peer Counselors assists Older Adults to live independently for as long as reasonably possible.</p>
Early Signs Project: Crisis Intervention Program Augmentation	All Age Groups	<p>This program was intended to augment the County's SB82 grant funding for the Crisis Intervention Program (CIP) pilot, which paired community-based behavioral health providers with law enforcement. Plans were to support the additional staffing costs needed to explain be CIP to 24-hours a day, 7-days per week.</p> <p>*Due to funding changes with SB82, the CIP program will sunset in 2017. Through the MHSA Annual Update and Community Planning Process, Yolo County seeks community input regarding alternative approaches to provide comprehensive community mental health crisis support.</p>



## Workforce, Education, and Training (WET)

Program Name	Target Pop	Description
Psychiatry Residency Program Development		Yolo is working to partner with UC medical schools for a Psychiatric Residency program to train psychiatric residents and encourage them to enter the public mental health workforce. Psychiatry Residents would receive training in psychiatric assessment and treatment, cultural competency, and community mental health. The program serves the dual purpose of addressing the workforce shortage of psychiatrists and increasing the availability and quality of psychiatrists serving Yolo consumers.
Peer Workforce Development Workgroup		The program will provide peers with the evidence-based skill building, professional development opportunities, training, and internal HHS support they require to provide effective services to consumers, reduce stigma, and expand their own foundation of marketable skills. The workgroup will research best practices on supporting and maximizing peer staff.
Cultural Competency / LGBT+ Cultural Competency Initiative (SDR)		The Cultural Competency/LGBT+ Cultural Competency Initiative provides the Cultural Competency Committee with information needed to deepen cultural competency among all staff, providers, and other partners. The Initiative will train HHS staff on cultural competency, deepen clinicians' specialization in specific practice areas, and data infrastructure around LGBT+ consumers. The initiative addresses needs around 1) cultural competency among staff concerning the LGBT+ population, 2) culture-specific experts provide services to consumers when indicated, 3) supervisory support to clinicians providing services to LGBT+ consumers, and 4) data collection concerning the LGBT+ population.
Mental Health Professional Development		The Mental Health Professional Development program will provide training for mental health providers to serve a diverse consumer population. Professional development focuses on emerging and best practices. Examples of programs include: E-Learning, changes in DSM manual, Gallup's StrengthsFinder training, Perinatal Mental Health Services Training, and Cultural Competence/Mental Health Resources.
Clinical Internship Program	Adult Ages 60+	The Clinical Internship program connects post-Bachelors student interns with older adult consumers. The program aims to increase the availability of home- and community-based clinical services while training new therapists in specialty mental health services. HHS will ensure that interns receive the required level of clinical supervision and training.





# Appendix II: MHSA Community Program Planning Process: Community Input Meetings PowerPoint



## YOLO COUNTY: MHSA ANNUAL UPDATE 2017 COMMUNITY MEETINGS

October 11, 2017  
Resource Development Associates (RDA)  
Kelechi Ubozoh  
Lupe Garcia

**RDA** Community Planning Process

### Agenda

- 2 Welcome and Introductions
  - 3 Overview of Community Program Planning
  - 4 Overview of MHSA Annual Update FY 18-19
  - 5 MHSA Annual Update Activities & Timeline
  - 6 Community Input and Next Steps
- RDA**

### Welcome and Introductions

3

#### Welcome to the community planning meeting!

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

**RDA**

### 4 Overview of MHSA Annual Update and Community Planning Process

**RDA**

### MHSA Overview

5

- 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

6

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

**RDA**

## MHSA Annual Update

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

Welfare and Institutions Code Section (WIC §) 5847

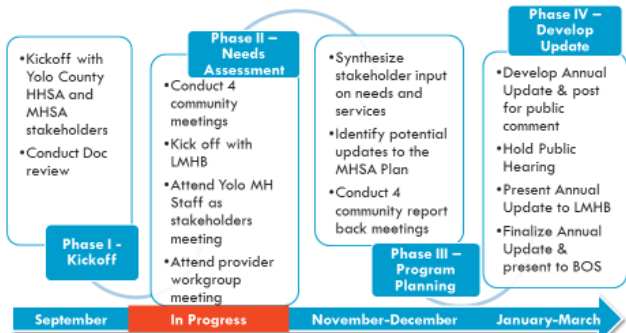


## Community Planning Process

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



## Annual Update Activities and Timeline



## Review Programs and Services

See Handout



## Community Input

### Community Input

- What has been accomplished over the past year?
- What is working well?
- What **gaps** remain?
  - What do programs need?
  - What populations are still in need?
- What do you think **this year's priorities** are?



## Next Steps

Community input meetings: This month!

Community report back meetings – November 30, 2017

Develop update: November- January 2018

Post for public comment: January 18, 2018

Public Hearing: February 21, 2018

Submit update to Board of Supervisors: March 20, 2018

## Evaluation and Closing

Give us your feedback!

Contact Us:



**Kelechi Ubozoh**

[kubozoh@resourcedevelopment.net](mailto:kubozoh@resourcedevelopment.net)

510.488.4345 x113



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# Appendix III: MHSA Community Program Planning Process: Community Report Back PowerPoint



## YOLO COUNTY: MHSA ANNUAL UPDATE 2017 REPORT BACK MEETINGS

November 30, 2017  
 Resource Development Associates (RDA)  
 Kelechi Ubozoh  
 Alejandra Barrio, MPP

### Agenda

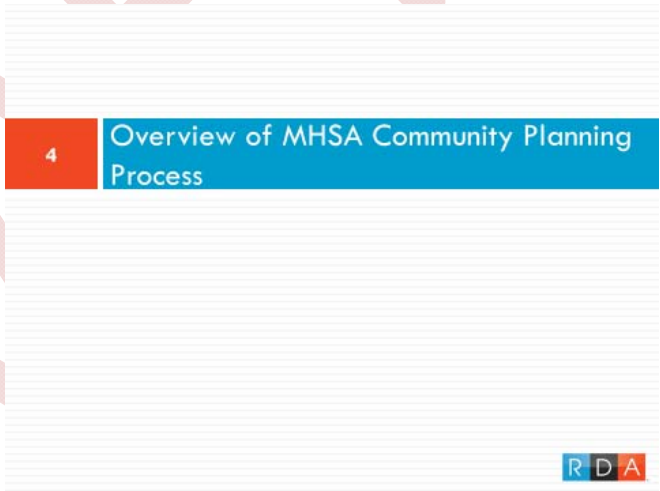
- 1 Welcome and Introductions
- 2 Overview of MHSA Annual Update FY 18-19
- 3 MHSA Annual Update Activities & Timeline
- 4 Overview of Community Program Planning Process
- 5 Community Feedback and Next Steps



### Welcome and Introductions

**Welcome to the community report back meeting!**

- Please share:
  - Your name
  - Stakeholder affiliation



### MHSA Overview

- 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



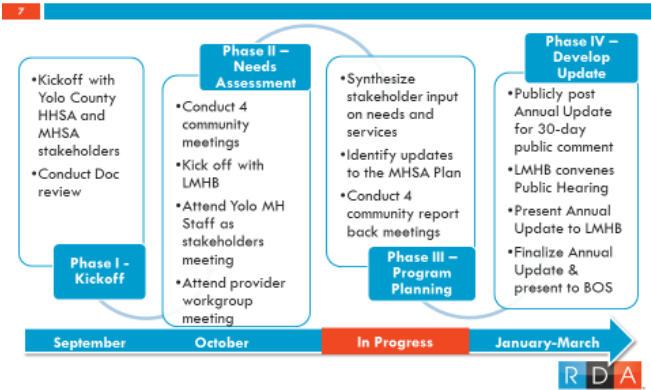
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Welfare and Institutions Code Section (WIC §) 5847



## Annual Update Activities and Timeline



## 8 Review of Community Input Meetings

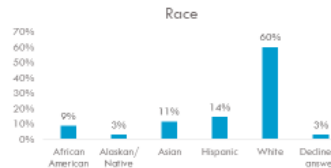
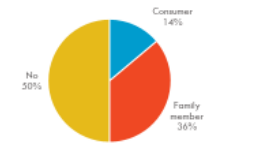
## Community Meetings Summary

October Community Meetings	Location	Total Participants
Stakeholder Kickoff Meeting	Woodland	22
Staff Input Meeting	Woodland	11
Community Input Meeting (4)	Woodland, Esparto, Davis West Sacramento	15
Provider Stakeholder Meeting	Woodland	8
Local Mental Health Board Meeting	Davis	12
November Community Meetings	Location	Total Participants
Mental Health Staff Meeting	Woodland	14
<b>Total Meetings: 9</b>		<b>Total: 82</b>

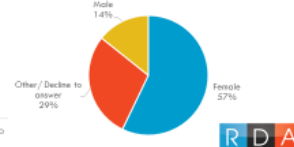
## Focus Group Demographics



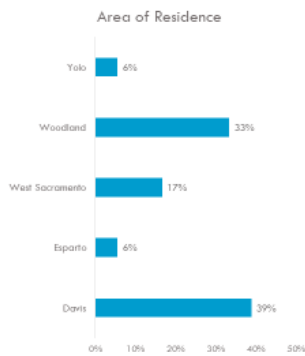
Lived experience



Gender Identity



## Focus Group Demographics



<b>Sex</b>	<ul style="list-style-type: none"> <li>80% female</li> <li>20% male</li> </ul>
<b>Age</b>	<ul style="list-style-type: none"> <li>69% 25-59 years old</li> <li>31% 60+ years old</li> </ul>
<b>Disabilities</b>	<ul style="list-style-type: none"> <li>68% reported a disability</li> <li>32% reported no disability</li> </ul>
<b>Veteran Status</b>	<ul style="list-style-type: none"> <li>97% non-veteran status</li> <li>3% veteran status</li> </ul>

## Community Input & Response

## Crisis Response Services

Identified Need	Action Items
<ul style="list-style-type: none"> <li>Continue Crisis Intervention Program, clinician/law enforcement mobile crisis response services.</li> <li>Expand afterhours services for emergency response.</li> <li>Identify additional drop-off locations for consumers in crisis and their families.</li> </ul>	<ul style="list-style-type: none"> <li>Modify Crisis Intervention Program hours of operations to focus on evenings, weekends, and holidays.</li> <li>Continue start-up efforts for First Responders Initiative (approved INN project), including Mental Health Urgent Care Center.</li> <li>Pursue additional funding options, including Round 2 of MHSOAC SB82 Triage Staffing Grant.</li> </ul>
Community Recommendations	
<ul style="list-style-type: none"> <li>Ensure service availability outside of business hours.</li> <li>Explore other models of providing crisis response in a small county.</li> <li>Implement outreach strategies to ensure families know about crisis alternatives.</li> </ul>	

13 R D A

## Collaboration & Coordination

Identified Need	Action Items
<ul style="list-style-type: none"> <li>Improve communication with law enforcement agencies during crisis response.</li> <li>Establish data sharing mechanisms amongst contracted providers and hospitals.</li> </ul>	<ul style="list-style-type: none"> <li>Continue start-up efforts for First Responders Initiative (approved INN project), including development of Multidisciplinary Forensic Team and Health Information Exchange.</li> <li>HHSA is exploring how to best support additional communication and care coordination efforts across HHSA and contracted providers.</li> </ul>
Community Recommendations	
<ul style="list-style-type: none"> <li>Ensure all LEA jurisdictions receive involuntary psychiatric hold [5150] training.</li> <li>Implement outreach strategies to ensure consumers, families, and providers know about service availability and how to access services.</li> </ul>	

14 R D A

## Transportation Needs

Identified Need	Action Items
<ul style="list-style-type: none"> <li>Increase reliable transportation for consumers in get to services particularly for consumers living in Esparto and Davis.</li> </ul>	<ul style="list-style-type: none"> <li>HHSA is exploring ride share options [e.g. Uber/Lyft] for specialty mental health consumers.</li> <li>HHSA is in the process of developing a community navigation center in Davis.</li> <li>Leverage Telehealth efforts to minimize the need to travel to a service location.</li> </ul>
Community Recommendations	
<ul style="list-style-type: none"> <li>Create services in Davis.</li> <li>Utilize county vehicles to provide transportation to and from appointments.</li> </ul>	

15 R D A

## Underserved Populations

Identified Need	Action Items
<ul style="list-style-type: none"> <li>These populations are underserved:                             <ul style="list-style-type: none"> <li>Transition aged youth [16-24]</li> <li>Older adults and aging</li> <li>Consumers with co-occurring substance-use issues</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Continue start-up efforts for new children and youth programs, including TAY hours at the new Davis service location.</li> <li>HHSA plans to explore how to best implement current MHSA programs serving the aging population.</li> <li>HHSA will explore opportunities to continue to strengthen partnerships among mental health and substance abuse services providers.</li> </ul>
Community Recommendations	
<ul style="list-style-type: none"> <li>Increase services and outreach efforts for TAY, especially those with complex needs.</li> <li>Provide more services for consumers with co-occurring substance-use issues.</li> <li>Address the mental health needs of aging adults.</li> </ul>	

16 R D A

## Psychiatric Needs For Children

Identified Need	Action Items
<ul style="list-style-type: none"> <li>Strengthen referral processes, service linkages, and access to psychiatry for children.</li> <li>Increase capacity for child psychiatry.</li> </ul>	<ul style="list-style-type: none"> <li>HHSA will leverage new and existing programs established by the 3-year plan to address the needs of children and youth.</li> <li>HHSA will continue to develop opportunities to expand capacity for children's psychiatry.</li> <li>HHSA will continue to work on improved access to services for children and youth.</li> </ul>
Community Recommendations	
<ul style="list-style-type: none"> <li>Explore incentives for child psychiatrists to work in Yolo County.</li> <li>Expand child psychiatry service hours.</li> <li>Improve communication mechanisms around psychiatric capacity and appointment availability.</li> </ul>	

17 R D A

## Partnership with Justice Systems

Identified Need	Action Items
<ul style="list-style-type: none"> <li>Strengthen collaboration with Yolo justice systems and law enforcement agencies to better serve justice-involved mental health consumers.</li> </ul>	<ul style="list-style-type: none"> <li>Continue participation in the Stepping Up Initiative, AB109, and Prop 47 partnerships.</li> <li>Continue start-up efforts for First Responders Initiative (approved INN project), including development of Multidisciplinary Forensic Team, Mental Health Urgent Care Health Information Exchange.</li> </ul>
Community Recommendations	
<ul style="list-style-type: none"> <li>Establish mental health services for justice involved youth that are not in custody (e.g. boys of color who are on probation).</li> <li>Pre-release planning for mental health needs and services for reentry consumers.</li> </ul>	

18 R D A





## Mental Health Data Collection and Reporting

Identified Need	Action Items
<ul style="list-style-type: none"> <li>Improve agency and contractor capacity to collect, analyze, and report evaluation and outcome data.</li> <li>Ensure HHSA compliance with new reporting requirements, including demographic and outcome data.</li> </ul>	<ul style="list-style-type: none"> <li>Upgrade Avatar to support new reporting requirements and enhance reporting capabilities.</li> <li>Develop or identify mechanism for PEI and INN data collection and reporting.</li> <li>Continue and expand use of Results Based Accountability to measure and report on outcomes.</li> <li>Provide training and technical assistance to HHSA staff and providers re: data and outcomes.</li> </ul>
Community Recommendations	
<ul style="list-style-type: none"> <li>Increase staffing capacity for data collection and outcome reporting.</li> <li>Provide support for contractors and CBOs to improve data collection and reporting</li> </ul>	

19



## Discussion

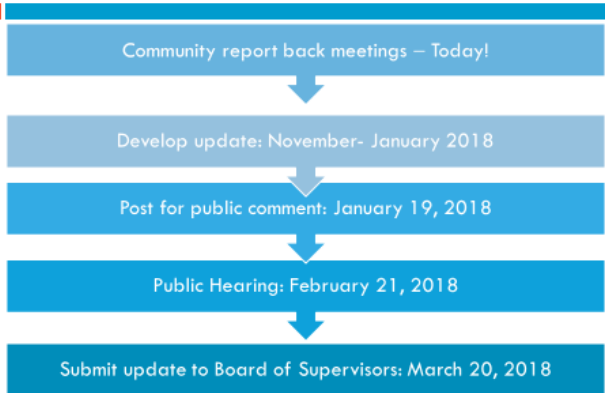
20

- Do these community needs resonate with you? Why or why not?
- Is there anything missing or not addressed that you would like to share?



## Next Steps

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## Evaluation and Closing

22

**Give us your feedback!** **Contact Us:**



**Kelechi Ubozoh**  
[kubozoh@resourcedevelopment.net](mailto:kubozoh@resourcedevelopment.net)  
 510.488.4345 x113



## Appendix IV: MHSA Community Program Planning Process: Key Dates Flyer

### MENTAL HEALTH SERVICES ACT (MHSA) FY 17-18 ANNUAL UPDATE KEY DATES FOR YOLO COUNTY MHSA COMMUNITY STAKEHOLDER PROCESS

- Wednesday, August 30, 2017: MHSA QUARTERLY COMMUNITY STAKEHOLDER MEETING & KICK-OFF,**  
3:00 p.m. - 4:30 p.m. Walker-Thomson Room, Bauer Building (137 N. Cottonwood St., Woodland)
- Wednesday, October 11, 2017: COMMUNITY INPUT MEETINGS—ALL STAKEHOLDERS WELCOME!**  
9:00 a.m. – 10:30 a.m. – WOODLAND HHSB Gonzales Bldg., Community Room (#167) (25 N Cottonwood)  
1:00 p.m. – 2:30 p.m. – WEST SACRAMENTO HHSB Building A, Community Room (#162)  
500- A Street Jefferson Blvd. (at Triangle Court), West Sacramento, CA  
4:30 p.m. – 6:00 p.m. – ESPARTO RISE INC., Community Room (17317 Fremont Street Esparto, CA)  
*\* See Below for Davis Community Input Meeting Date*
- Thursday, October 19, 2017: PROVIDER-STAKEHOLDER WORK GROUP COMMUNITY INPUT MEETING**  
10:00 a.m. – 11:00 a.m. – Thomson Conference Room (#1600) (137 N. Cottonwood St. Woodland, CA)
- \*Monday, October 23, 2017: COMMUNITY INPUT MEETING —ALL STAKEHOLDERS WELCOME!**  
5:30 p.m. – 6:30 p.m. – DAVIS Community Conference Room, (600 A Street Davis, CA 95616)
- Monday, October 23, 2017: LOCAL MENTAL HEALTH BOARD PLAN UPDATE KICK OFF PRESENTATION**  
**\*\*7:15 p.m. – 8:15 p.m. – DAVIS Community Conference Room, (600 A Street Davis, CA 95616)**
- Thursday, November 2, 2017: STAFF INPUT MEETING, “MENTAL HEALTH STAFF AS STAKEHOLDERS,”**  
10:00 a.m. -11:00 a.m. Walker-Thomson Room, Bauer Building (137 N. Cottonwood St., Woodland)
- Thursday, November 30, 2017: COMMUNITY REPORT-BACK MEETINGS - ALL STAKEHOLDERS WELCOME!**  
9:00 a.m. – 10:00 a.m. – WOODLAND HHSB Bauer Bldg., Thomson & Walker Conference Rooms  
137 N Cottonwood Woodland, CA (Rooms 1600 & 1610)  
11:30 a.m. – 12:30 p.m. – WEST SACRAMENTO HHSB Building A, Community Room (#162)  
500- A Street Jefferson Blvd. (at Triangle Court), West Sacramento, CA  
1:30 a.m. – 2:30 p.m. – DAVIS Cesar Chavez Plaza (1220 Olive Drive, Davis, CA)  
5:00 p.m. – 6:00 p.m. – ESPARTO RISE INC., Community Room (17317 Fremont Street Esparto, CA)

#### TENTATIVE DATES FOR FINALIZING THE ANNUAL UPDATE:

- Friday, January 19, 2018 Post FY 17-18 MHSA Plan Update to Yolo County website
- Wednesday, February 21, 2018 Public Hearing
- Monday, February 26, 2018 Present FY 17-18 Plan Update final draft with Stakeholder comment responses to Local Mental Health Board
- Tuesday, March 20, 2018 Present final draft to Yolo County Board of Supervisor
- Friday, April 20, 2018 Post Finalized Plan to Yolo County Website and Submit to MHSOAC

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

*\*\*Time is tentative to be finalized 11/18/2017*



Appendix IV: MHSA Community Program Planning Process: Community Input Meetings  
Flyer

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

***Mental Health Services Act (MHSA)  
Annual Update FY17-18***

*Please join us on Wednesday October 11, 2017*

***Community Input Meetings***

Community Meeting WOODLAND	Community Meeting WEST SACRAMENTO	Community Meeting ESPARTO
9:00 am – 10:30 am	1:00 pm – 2:30 pm	4:30 pm – 6:00 pm
Gonzales Building Community Room 25 N. Cottonwood Street Woodland, CA 95695	Building A Community Room 500-A Jefferson Blvd. (at Triangle Court) West Sacramento, CA 95605	RISE, Inc. Community Services Center 17313 Fremont St. Esparto, CA 95627

We are conducting three community input meetings on Wednesday October 11<sup>th</sup> to:

- ❖ Gather the community’s input on Yolo County’s mental health needs
- ❖ Brainstorm ideas to enhance MHSA funded programs and services documented in the MHSA Three-Year Program & Expenditure Plan 2017-2020

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

Community Meetings are open to the public. If you live, work, or volunteer in Yolo County you are welcome to attend any of the meetings listed above. We look forward to hearing your input on the programs and strategies for the MHSA Three-Year Program & Expenditure Plan Update FY17-18.



WELLNESS • RECOVERY • RESILIENCE





**Appendix IV: MHSA Community Program Planning Process: Community Report-Back Meeting Flyer**

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

***Mental Health Services Act (MHSA)  
Annual Update FY18-19***

***Community Report-Back Meetings  
Thursday, November 30, 2017***

Community Meeting WOODLAND	Community Meeting WEST SACRAMENTO
9:00 am – 10:00 am	11:30 am – 12:30 pm
HHS Bauer Building Walker & Thomson Conference Rooms (#1600 & 1610) 137 N. Cottonwood Street Woodland, CA 95695	HHS Building A Community Room 500-A Jefferson Blvd. (at Triangle Court) West Sacramento, CA 95605
Community Meeting DAVIS	Community Meeting ESPARTO
2:00 pm – 3:00 pm	5:00 pm – 6:00 pm
Cesar Chavez Plaza Community Room 1220 Olive Drive Davis, CA Davis, CA 95616	RISE INC Community Room 17317 Fremont Street Esparto, CA 95605

We are conducting four community input meetings on **Thursday, November 30<sup>th</sup>** to:

- ❖ Present the proposed changes and modifications to MHSA funded programs and services updates that will be included in the Yolo County MHSA Plan Update FY18-19
- ❖ Gather community feedback on the proposed changes and modifications before developing the Yolo County MHSA Plan Update FY18-19

Your feedback will also help us to strengthen the MHSA funded programs and services in Yolo County.

*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 October 23, 2017) via e-mail to [MSHA@yolocounty.org](mailto:MSHA@yolocounty.org), or phone message to (530) 666-8537.



## Appendix V: MHSA Community Program Planning Process: MHSA Sign in Sheet

Sign-In Sheet: [Group Type]

[Date]

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



Appendix VI: MHSA Community Program Planning Process Demographic Form

Demographic Form

The questions are voluntary and anonymous. Thank you for your time!

- 1. Do you identify yourself as a consumer or a family member of a consumer of mental health services?
2. What is your stakeholder affiliation?
3. Are you a veteran?
4. Please indicate your age range:
5. How do you define your race?
6. How do you define your ethnicity?
7. What is your assigned sex at birth?







## Yolo County Health and Human Services Agency

MHSA Annual Update for FY 2018-19

8. What is your current gender identity?

- Cisgender Man
- Cisgender Woman
- Trans Man
- Trans Woman
- Genderqueer
- Questioning or unsure of gender identity
- Another gender identity: \_\_\_\_\_
- Decline to answer

9. How do you identify your sexual orientation?

- Gay or Lesbian
- Heterosexual or Straight
- Bisexual
- Questioning or unsure of sexual orientation
- Pansexual
- Asexual
- Two-spirited
- Another sexual orientation: \_\_\_\_\_
- Decline to answer

10. Do you have any of the following disabilities or health conditions? *(check all that apply)*

A disability is defined as a physical or mental impairment or medical condition lasting at least six months that substantially limits a major life activity, which is not the result of a severe mental illness.

- Difficulty seeing
- Difficulty hearing, or having speech understood
- Other communication challenges: \_\_\_\_\_
- Limited physical mobility
- Learning disability
- Developmental disability
- Dementia
- Chronic health condition
- Other disability or health condition: \_\_\_\_\_
- None
- Decline to answer

11. 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



**Yolo County Health and Human Services Agency**

MHSA Annual Update for FY 2018-19

**Appendix VII: MHSA Community Program Planning Process Program Feedback Form**

**MHSA Community Program Planning Process Feedback Form**

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

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

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

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

**Thank you!**





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## Appendix VII: MHSA Community Program Planning Process Comment Card

### Comments

Please use this card to share any additional concerns, comments, or suggestions for the Racial Justice Task Force.

A large, empty rectangular box with a black border, intended for users to provide comments. A large, faint, diagonal watermark reading "DRAFT" is overlaid across the box.

### Comments

Please use this card to share any additional concerns, comments, or suggestions for the Racial Justice Task Force.

A large, empty rectangular box with a black border, intended for users to provide comments. A large, faint, diagonal watermark reading "DRAFT" is overlaid across the box.



**Yolo County Health and Human Services Agency**

MHSA Annual Update for FY 2018-19

**Appendix VIII: MHSA Summary Program Data FY 2016-17**

**Fiscal Year 2016-17 (First Quarter, 7/1/16 to 09/30/16)**  
**Fiscal Year 2016-17 (Second Quarter, 10/1/16 to 12/31/16)**  
**Fiscal Year 2016-17 (Third Quarter, 1/1/17 to 03/31/17)**  
**Fiscal Year 2016-17 (Fourth Quarter, 4/1/17 to 06/30/17)**  
**Fiscal Year 2016-17 (FULL YEAR, 7/1/17 to 06/30/17)**

MHSA PROGRAMS CSS, INN AND PEI COMPONENTS <sup>1</sup>		PRIMARY SERVICE PROVIDER
Page	<b>ALL CSS, INN AND PEI PROGRAMS OF MHSA</b>	
2	Total Clients and Individuals Served By MHSA in Yolo County	Yolo County Health & Human Services Agency and Contractors
<b>COMMUNITY SERVICES AND SUPPORTS (CSS) COMPONENT</b>		
3	Children’s Mental Health Services (FSP, SD, O/E Programs <sup>2</sup> )	Yolo County Health & Human Services Agency
3	Pathways to Independence for Transition-Age Youth (FSP, SD, O/E Programs)	Yolo County Health & Human Services Agency
3	Adult Wellness Alternatives (FSP, SD, O/E Programs)	Yolo County Health & Human Services Agency, Turning Point
3	Older Adult Outreach and Assessment (FSP, SD, O/E Programs)	Yolo County Health & Human Services Agency
4	CSS Benefits Specialist (All Ages, All CSS Programs)	Yolo County Health & Human Services Agency
5	CSS Free to Choose (SD)	Turning Point
6	CSS Housing Supports and Services (Housing Stabilization)	Turning Point
7	CSS Access To Care For Homeless And The Indigent Program (SD)	Yolo Community Care Continuum
<b>INNOVATION (INN) COMPONENT</b>		
8	Community Outreach and Rural Engagement (CORE)	CommuniCare Health Centers
9	Housing Now	Yolo Community Care Continuum <sup>3</sup>
<b>PREVENTION AND EARLY INTERVENTION (PEI) COMPONENT</b>		
10	Wellness Project: Urban Children’s Resiliency	Victor CSS
11	Wellness Project: Rural Children’s Resiliency	R.I.S.E. Inc.
12	Wellness Project: Senior Peer Counselor Volunteers	Citizens Who Care
13	Early Signs Project: Early Signs Training and Assistance	Yolo County Health & Human Services Agency
14	Early Signs Project: Crisis Intervention Team (CIT) Training	Disability Response

<sup>1</sup> CSS: Community Services and Supports; a component of Mental Health Services Act; 55-75% of total MHSA funding.

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

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

<sup>2</sup> FSP: Full Service Partnership, a CSS program service type; provides for comprehensive services to designated seriously mentally ill clients.

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

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

<sup>3</sup>





**Yolo County Health and Human Services Agency**

MHSA Annual Update for FY 2018-19

**MENTAL HEALTH CLIENTS AND INDIVIDUAL COMMUNITY MEMBERS**

**SERVED BY MHSA PROGRAMS IN YOLO COUNTY for Fiscal Year 2016-17**

PEOPLE SERVED BY MHSA PROGRAMS	Clients with SMI <sup>4</sup> (New or Existing) Receiving Enhanced Services from MHSA Programs					Individuals Receiving Outreach, Benefits, Prevention, Early MH Intervention, or MH Training Services					
	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter	Full Year	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter	Full Year	
Page	<b>COMMUNITY SERVICES AND SUPPORTS (CSS) COMPONENT</b>										
3	Children’s Mental Health Services (FSP, SD, O/E)	22	24	24	23	31	3	1	45	7	56
3	Pathways to Independence, Transition-Age Youth (FSP, SD, O/E)	13	16	21	17	35	0	0	19	2	21
3	Adult Wellness Alternatives (FSP, SD, O/E)	117	137	159	166	238	268	82	12	3	365
3	Older Adult Outreach and Assessment (FSP, SD, O/E)	23	33	40	39	56	31	8	2	1	42
3	CSS Housing & Supportive Services (dup.CSS count <sup>5</sup> ; omitted from total)	[52]	[60]	[47]	[58]	[103]					
3	CSS Benefits Specialist (All Ages, All CSS Programs)	102	100	95	91	225	360	306	318	298	1148
	CSS Free To Choose	48	51	54	39	47	241	278	274	280	1073
	CSS Access To Care For Homeless And The Indigent Program										
	<b>INNOVATION (INN) COMPONENT</b>										
4	Community Outreach and Rural Engagement (CORE)	64	69	77	78	288					
4	Housing Now	30	34	32	20	116					
	<b>PREVENTION AND EARLY INTERVENTION (PEI) COMPONENT</b>										
6	Wellness Project: Urban Children’s Resiliency						467	633	969	787	1667
7	Wellness Project: Rural Children’s Resiliency						189	23	15	14	241
8	Wellness Project: Senior Peer Counselor Volunteers						11	13	16	17	22
9	Early Signs Project: Early Signs Training and Assistance						54	79	97	93	323
10	Early Signs Project: Crisis Intervention Team (CIT) Training						19	36	20	182	257
	<b>TOTAL MH CLIENTS AND INDIVIDUALS SERVED BY MHSA<sup>6</sup></b>	419	464	502	473	1036	1643	1459	1787	1684	5215

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

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

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





**Yolo County Health and Human Services Agency**

MHSA Annual Update for FY 2018-19

**COMMUNITY SERVICES AND SUPPORTS (CSS) SUMMARY PROGRAM DATA<sup>7</sup>**

**Four CSS Programs:** CSS 1- Children’s Mental Health—Ages 0 to 15; CSS 2--Pathways to Independence for Ages 16-25; CSS 3--Wellness Alternatives-Ages 26-59; CSS 4--Older Adult Outreach and Assessment—Ages 60 and Over.

**Three CSS Services:** Full Service Partnerships (FSP); System Development Clients (SD); Outreach and Engagement (O/E);

**Two Supportive Service Programs:** Housing and Supportive Services and Benefits Specialist Services

**PRIMARY SERVICE PROVIDERS:** Yolo County HHS and Turning Point Community Programs

		Fiscal Year 16-17 1 <sup>st</sup> Quarter (7/1/16 – 9/30/16)	Fiscal Year 16-17 2 <sup>nd</sup> Quarter (10/1/16 – 12/31/16)	Fiscal Year 16-17 3 <sup>rd</sup> Quarter (1/1/17 – 3/31/17)	Fiscal Year 16-17 4 <sup>th</sup> Quarter (4/1/17 – 6/30/17)	Fiscal Year 16-17 Full Year (7/1/16 – 6/30/17)
<b>FULL SERVICE PARTNERSHIP CLIENTS BY CSS PROGRAM</b>						
CSS 1.	Children’s Mental Health (0-15)	22	24	24	22	30
CSS 2.	Pathways to Independence for Transition Youth (16-25)	12	11	10	9	17
CSS 3.	Wellness Alternatives Program for Adults (26-59)	117	108	102	108	139
CSS 4.	Older Adult Outreach and Assessment (60+)	23	23	21	24	26
<b>TOTAL Full Service Partnership Clients</b>		<b>174</b>	<b>166</b>	<b>157</b>	<b>163</b>	<b>212</b>
<b>SYSTEM DEVELOPMENT CLIENTS BY CSS PROGRAM</b>						
CSS 1.	Children’s Mental Health (0-15)	0	0	0	1	1
CSS 2.	Pathways to Independence for Transition Youth (16-25)	1	5	11	8	18
CSS 3.	Wellness Alternatives Program for Adults (26-59)	0	29	57	58	99
CSS 4.	Older Adult Outreach and Assessment (60+)	0	10	19	15	30
	Free To Choose	48	51	54	39	47
<b>TOTAL System Development Clients</b>		<b>49</b>	<b>95</b>	<b>141</b>	<b>121</b>	<b>195</b>
<b>OUTREACH AND ENGAGEMENT BY CSS PROGRAM</b>						
CSS 1.	Children’s Mental Health (0-15)	3	1	45	7	56
CSS 2.	Pathways to Independence for Transition Youth (16-25)	0	0	19	2	21
CSS 3.	Wellness Alternatives Program for Adults (25-59)	268	82	12	3	365
CSS 4.	Older Adult Outreach and Assessment (60+)	31	8	2	1	42
<b>TOTAL Outreach and Engagement</b>		<b>302</b>	<b>91</b>	<b>78</b>	<b>13</b>	<b>484</b>
<b>TOTAL All Program and Service Types (FSP, SD, O/E)</b>		<b>525</b>	<b>352</b>	<b>376</b>	<b>297</b>	<b>891</b>
<b>CSS HOUSING AND SUPPORTIVE SERVICES (HOUSING STABILIZATION)</b>						
CSS 3.	Total CSS Clients Receiving Supportive Housing Services	52	60	47	58	103
	Cost of Supports Provided <sup>8</sup>	\$39,560.26	\$43,748.77	\$46,106.81	49,188.28	179,289.11
<b>CSS BENEFITS SPECIALIST</b>						
CSS 1-4.	<b>TOTAL Individuals Served Re Benefits (Unduplicated)</b>	102	100	95	91	225
<b>TOTAL Individual Contacts Re Benefits Assistance</b>		360	306	318	298	1148

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

<sup>8</sup> Supportive Housing Services Cost of Supports Provided include but is not limited to: household supplies, rent subsidies, motel stays, utility fees, food, clothing, storage units, furniture, bus passes, used bikes, moving supplies, payment to moving crews (career exploration clients), dump fees, moving truck rental, etc.







**Yolo County Health and Human Services Agency**

MHSA Annual Update for FY 2018-19

**COMMUNITY SERVICES AND SUPPORTS (CSS) SUMMARY PROGRAM DATA<sup>9</sup>**

**Yolo County Mental Health Client Benefits Services**

**SERVICE PROVIDER: Yolo County**

	Fiscal Year 16-17 1 <sup>st</sup> Quarter (7/1/16 – 9/30/17) <sup>10</sup>	Fiscal Year 16-17 2 <sup>nd</sup> Quarter (10/1/16 – 12/31/17)	Fiscal Year 16-17 3 <sup>rd</sup> Quarter (1/1/17 – 3/31/17)	Fiscal Year 16-17 4 <sup>th</sup> Quarter (4/1/17 – 6/30/17)	Fiscal Year 16-17 Full Year (7/1/17 – 6/30/17)
Clients Served (Unduplicated Count) <sup>11</sup>	102	100	95	91	225
Total Client Contacts	360	306	318	298	1148
Outreach Contacts	511	226	108	719	1564
Number of Outreach Events Attended	6	3	1	6	16
<b>CLIENTS SERVED BY AGE</b>					
Children (0 to 15)		1	0	1	3
Transition Age Youth (16 to 24)		11	7	12	27
Adult (25 to 59)		67	67	61	151
Older Adult (60+)		21	21	17	42
<b>CLIENTS SERVED BY GENDER</b>					
Males		25	47	40	103
Females		43	47	51	121
Transgender		2	1	0	1
<b>CLIENTS SERVED BY ETHNICITY</b>					
Caucasian		59	63	61	149
African American		8	6	2	12
Asian/Pacific Islander		7	4	4	6
Hispanic		24	21	23	51
Other		2	3	1	5
<b>CLIENTS SERVED BY PREFERRED LANGUAGE</b>					
English		75	75	70	180
Spanish		15	11	14	30
Other		10	9	7	15
<b>CLIENTS SERVED BY CITY OF RESIDENCE</b>					
Davis		16	15	11	24
Esparto		5	3	3	9
Sacramento [boarding]		2	1	0	2
West Sacramento		18	24	22	47
Winters		2	2	0	3
Woodland		46	49	54	132
Other/Rural/Unincorporated					
Homeless <sup>12</sup>		11	8	8	27
<b>ADDITIONAL PROGRAM METRICS</b>					
Transportation Provided <sup>13</sup>		24	26	27	56

<sup>9</sup> Source: HHS Mental Health Avatar Management Information System (MIS) and Yolo County benefit services program records.

<sup>10</sup> Demographic breakdown not tracked until Quarter 2 of FY16-17

<sup>11</sup> Includes All Benefits Services Clients including, Prescription Assistance Program, SSI/SSDI, and Payee services.

<sup>12</sup> Homeless persons are counted as both part of the homeless community and the locality where they are homeless.

<sup>13</sup> Transportation Provided indicated how many clients were provided transportation to and from their appointments in the given time period.





**Yolo County Health and Human Services Agency**

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**COMMUNITY SERVICES AND SUPPORTS (CSS) SUMMARY PROGRAM DATA<sup>14</sup>“FREE TO CHOOSE”**

**Substance Abuse Treatment Program for Clients with Co-Occurring Disorders**

**SERVICE PROVIDER: TURNING POINT COMMUNITY PROGRAMS**

FREE TO CHOOSE	Fiscal Year 16-17 1 <sup>st</sup> Quarter (7/1/16 – 9/30/16)	Fiscal Year 16-17 2 <sup>nd</sup> Quarter (10/1/16 – 12/31/16)	Fiscal Year 16-17 3 <sup>rd</sup> Quarter (1/1/17 – 3/31/17)	Fiscal Year 16-17 4 <sup>th</sup> Quarter (4/1/17 – 6/30/17)	Fiscal Year 16-17 Full Year (7/1/16 – 6/30/17)
Clients Served (Unduplicated Count)	48	51	54	39	47
Total Client Contacts	241	278	274	280	1073
Clients completing 1 or more modules	26	24	29	33	37
Clients completing Module 1 only	23	4	20	6	6
Clients completing Module 2 only	20	1	21	2	0
Clients completing Modules 1 and 2	7	5	14	5	1
Clients completing Modules 1, 2 and 3	10	9	13	14	25
<b>CLIENTS SERVED BY AGE</b>					
Transition Age Youth (16 to 24)	4	6	6	6	7
Adult (25 to 59)	39	39	42	29	35
Older Adult (60+)	5	6	6	4	5
<b>CLIENTS SERVED BY GENDER</b>					
Males	32	34	19	26	30
Females	16	17	35	13	17
<b>CLIENTS SERVED BY ETHNICITY</b>					
Caucasian	33	34	39	29	34
African American	1	2	2	1	1
Asian/Pacific Islander	2	2	2	2	2
Hispanic	7	7	9	3	5
Other	2	3	2	1	2
Data Not Reported	3	3	0	3	3
<b>CLIENTS SERVED BY PREFERRED LANGUAGE</b>					
English	45	47	53	39	45
Spanish	1	1	1	0	1
Russian	1	1	0	0	1
Data Not Reported	1	2	0	0	0
<b>CLIENTS SERVED BY CITY OF RESIDENCE</b>					
Davis	22	22	24	19	21
Esparto	2	2	2	1	2
Sacramento [boarding]	3	3	4	4	5
West Sacramento	7	5	7	2	3
Winters	1	1	1	1	1
Woodland	12	17	16	12	14
Outside of Yolo County	1	1	0	0	1
Data Not Reported	1	0	0	0	0
<b>CLIENTS SERVED BY PRIMARY DIAGNOSIS</b>					
Anxiety	0	0	0	0	0
Bipolar	6	5	9	6	7
Depression	4	5	7	4	4

<sup>14</sup> Source: ADMH Avatar Management Information System (MIS) and Yolo County records; Turning Point Community Programs records and performance measures.





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Dependent Personality Disorder	0	0	0	0	0
Drug-Induced Delirium	1	1	2	1	1
Manic Disorder	1	2	0	1	1
Oppositional Disorder	0	0	0	0	0
PTSD	2	2	2	1	2
Schizophrenia	15	14	26	8	11
Schizoaffective Disorder	12	14	0	10	11
Unspecified Affective Psychosis	3	3	3	2	2
Unspecified Psychosis	4	4	5	5	6
Data Not Available	0	1	0	1	1

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**Yolo County Health and Human Services Agency**

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**COMMUNITY SERVICES AND SUPPORTS (CSS) SUMMARY PROGRAM DATA**

**HOUSING AND SUPPORTIVE SERVICES (HOUSING STABILIZATION)**

**SERVICE PROVIDER: TURNING POINT COMMUNITY PROGRAMS**

✓	✓	Fiscal Year 16-17 1 <sup>st</sup> Quarter (7/1/16 – 9/30/16)	✓	Fiscal Year 16-17 2 <sup>nd</sup> Quarter (10/1/16 – 12/31/16)	✓	Fiscal Year 16-17 3 <sup>rd</sup> Quarter (1/1/17 – 3/31/17)	✓	Fiscal Year 16-17 4 <sup>th</sup> Quarter (4/1/17 – 6/30/17)	✓	Fiscal Year 16-17 Full Year (7/1/16 – 6/30/17)
✓	✓	52	✓	60	✓	47	✓	58	✓	103
<b>Clients Receiving Supportive Housing</b>										
<b>Clients Served By Age</b>										
✓	✓	16 to 25	✓	6	✓	10	✓	7	✓	15
✓	✓	26 to 59	✓	39	✓	39	✓	30	✓	67
✓	✓	60+	✓	7	✓	11	✓	10	✓	21
<b>Clients Served By Gender</b>										
✓	✓	Males	✓	30	✓	30	✓	25	✓	55
✓	✓	Females	✓	19	✓	29	✓	22	✓	45
✓	✓	Other	✓	1	✓	0	✓	0	✓	1
✓	✓	Data Not Reported	✓	2	✓	1	✓	0	✓	2
<b>Clients Served By Ethnicity</b>										
✓	✓	Caucasian	✓	31	✓	36	✓	27	✓	64
✓	✓	African American	✓	10	✓	12	✓	9	✓	17
✓	✓	Asian/Pacific Isl.	✓	0	✓	0	✓	1	✓	1
✓	✓	Hispanic	✓	4	✓	6	✓	7	✓	14
✓	✓	Other	✓	3	✓	2	✓	3	✓	3
✓	✓	Data Not Reported	✓	4	✓	4	✓	0	✓	4
<b>Clients Served By Primary Language</b>										
✓	✓	English	✓	50	✓	59	✓	47	✓	101
✓	✓	Spanish	✓	0	✓	0	✓	0	✓	1
✓	✓	Other	✓	1	✓	1	✓	0	✓	1
✓	✓	Data Not Reported	✓	1	✓	0	✓	0	✓	0
<b>Clients Served By City of Residence</b>										
✓	✓	Davis	✓	6	✓	6	✓	5	✓	13
✓	✓	Esparto	✓	4	✓	4	✓	3	✓	4
✓	✓	Sacramento	✓	2	✓	4	✓	2	✓	7
✓	✓	Santa Rosa	✓	0	✓	0	✓	0	✓	0
✓	✓	West Sacramento	✓	24	✓	26	✓	15	✓	33
✓	✓	Winters	✓	0	✓	1	✓	1	✓	1
✓	✓	Woodland	✓	16	✓	19	✓	21	✓	44
✓	✓	Data Not Reported	✓	0	✓	0	✓	0	✓	1
<b>Clients Served By Primary Diagnosis</b>										
✓	✓	Anxiety	✓	2	✓	2	✓	1	✓	2
✓	✓	Bipolar	✓	8	✓	9	✓	14	✓	17
✓	✓	Depression	✓	6	✓	9	✓	6	✓	12
✓	✓	Manic Disorder	✓	1	✓	1	✓	0	✓	2
✓	✓	PTSD	✓	0	✓	1	✓	0	✓	2
✓	✓	Psychosis	✓	11	✓	16	✓	5	✓	16
✓	✓	Schizophrenia	✓	13	✓	15	✓	20	✓	44
✓	✓	Schizoaffective Disorder	✓	6	✓	7	✓	0	✓	0
✓	✓	Substance Use	✓	1	✓	1	✓	1	✓	3
✓	✓	Neurotic Disorder	✓	0	✓	0	✓	0	✓	1
✓	✓	Data Not Available	✓	4	✓	2	✓	0	✓	4





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**“L.I.F.T.” INNOVATION (INN) SUMMARY PROGRAM DATA  
COMMUNITY OUTREACH AND RURAL ENGAGEMENT (C.O.R.E.) PROGRAM  
CREANDO RECURSOS Y ENLACES PARA OPORTUNIDADES (C.R.E.O.)  
SERVICE PROVIDER: COMMUNICARE HEALTH CENTERS, INC.<sup>15</sup>**

Community Outreach and Rural Engagement (CORE)	Fiscal Year 16-17 1 <sup>st</sup> Quarter (7/1/16 – 9/30/16)	Fiscal Year 16-17 2 <sup>nd</sup> Quarter (10/1/16 – 12/31/16)	Fiscal Year 16-17 3 <sup>rd</sup> Quarter (1/1/17 – 3/31/17)	Fiscal Year 16-17 4 <sup>th</sup> Quarter (4/1/17 – 6/30/17)	Fiscal Year 16-17 Full Year (7/1/16 – 6/30/17)
<b>Total Clients Served (UNDUPLICATED)</b>					
New Clients Served (Unduplicated)	64	69	77	78	288
<b>Clients Served by Age</b>					
Children 0-15	0	0	0	0	0
Transition-Age Youth (TAY) 16-25	25	29	33	22	109
Adult 26-59 <sup>2</sup>	87	92	70	78	327
60+	20	12	16	28	76
<b>Clients Served by Gender</b>	<b>132</b>	<b>133</b>	<b>119</b>	<b>128</b>	<b>512</b>
Males	50	54	45	50	199
Females	82	79	74	78	313
<b>Clients Served by Primary Language</b>					
English	42	45	33	41	161
Spanish	90	88	86	87	351
Russian	n/a	n/a	n/a	n/a	n/a
<b>Clients Served by Primary Diagnosis</b>					
SMI	0	0	4	2	6
Non SMI	64	69	73	76	282
<b>Summary</b>					
New Screening Completed (SMART-Y and CORE)	64	69	77	78	288
Carry-Over (CORE and SMART-Y) clients	68	64	42	50	224
Active (CORE and SMART-Y) Clients	65	84	82	90	90
NEW Counseling Appointments	105	91	172	154	522
Clients Graduated (CORE ONLY)	10	0	26	28	64
Appointments Completed with Clients (SMART-Y)	96	87	92	85	360
<b>Number of New Patients By Services Provided</b>	<b>64</b>	<b>69</b>	<b>77</b>	<b>78</b>	<b>288</b>
CORE Screenings (SMART-Y and CORE)	64	69	77	78	288
BH Counseling (CORE ONLY)	17	10	52	43	122
Psychiatrist (CORE ONLY)	1	3	3	1	8
<b>Number of Carry-over CORE Clients</b>	<b>68</b>	<b>64</b>	<b>42</b>	<b>50</b>	<b>224</b>
Case Management	28	22	15	10	75
B2H Case Management (SMART-Y)	22	15	10	16	63
BH Counseling	18	26	13	22	79
Psychiatry	0	1	4	2	7

<sup>15</sup> Source: CommuniCare Health Centers, provider records and performance measures. SMART-Y program not funded by MHSA.





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<b>CORE Clients Served by Service Location</b>	<b>132</b>	<b>133</b>	<b>119</b>	<b>128</b>	<b>512</b>
<i>New &amp; Carryover</i>					
Woodland	68	66	59	67	260
West Sacramento	44	46	42	44	176
Davis	20	21	18	17	76
<b>Referrals Returned or Closed</b>					
Successful Completion	10	0	29	25	64
Declined Services	0	0	3	3	6
Moved	1	0	1	4	6
Not Approved	4	1	2	0	7
Other (No Longer eligible, no contact, on hold)	33	0	8	6	47

**COMMUNITY SERVICES AND SUPPORTS (CSS) SUMMARY PROGRAM DATA**

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

**HOUSING NOW NETWORK**

**SERVICE PROVIDER: YOLO COMMUNITY CARE CONTINUUM (YCCC)**

<b>HOUSING NOW</b>	<b>Fiscal Year 16-17 1<sup>st</sup> Quarter (7/1/16-9/30/16)</b>	<b>Fiscal Year 16-17 2<sup>nd</sup> Quarter (10/1/16-12/31/16)</b>	<b>Fiscal Year 16-17 3<sup>rd</sup> Quarter (1/1/17 – 3/31/17)</b>	<b>Fiscal Year 16-17 4<sup>th</sup> Quarter (4/1/17 – 6/30/17)</b>	<b>Fiscal Year 16-17 FULL YEAR (7/1/15 – 6/30/17)</b>
<b>Total Enrolled (Unduplicated Count)</b>					
Newly Enrolled	30	34	32	20	116
Newly Housed (households)	16	13	14	8	51
Newly Housed (total people)	30	26	35	25	116
<b>Duplicated Count</b>					
Eviction Prevention	12	4	10	4	30
Outreach	978	858	1661	288	3785
<b>Case Status</b>					
Active	70	93	58	56	277
Closed	15	6	70	35	126
<b>Clients Served By Age</b>					
16 to 24	6	2	3	4	15
25 to 59	21	28	25	12	86
60+	3	4	4	4	15
<b>Clients Served By Gender</b>					
Males	9	9	12	6	36
Females	21	25	20	14	80
<b>Clients Served By Ethnicity</b>					
Caucasian	12	16	17	12	57
African American	7	12	9	6	34
Asian/Pacific Islander	2	0	0	0	2
Hispanic	9	6	6	2	23
Russian	0	0	0	0	0







**Yolo County Health and Human Services Agency**

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	Other	0	0	0	0	0
<b>Clients Served By Primary Language</b>						
	English	30	34	32	20	116
	Spanish	0	0	0	0	0
	Russian	0	0	0	0	0
<b>Clients Served By City of Origin</b>						
	Davis	6	1	4	0	11
	Esparto	0	1	0	0	1
	West Sacramento	13	23	17	17	70
	Winters	0	0	0	0	0
	Woodland	11	9	11	3	34

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**Yolo County Health and Human Services Agency**

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**PREVENTION & EARLY INTERVENTION (PEI) SUMMARY PROGRAM DATA  
PEI WELLNESS PROJECT: URBAN CHILDREN’S RESILIENCY BUILDING PROGRAM<sup>16</sup>  
SERVICE PROVIDER: Victor Community Support Services, Davis (VCSS)**

	Fiscal Year 16-17 1 <sup>st</sup> Quarter (7/1/16 – 9/30/16)	Fiscal Year 16-17 2 <sup>nd</sup> Quarter (10/1/16 – 12/31/16)	Fiscal Year 16-17 3 <sup>rd</sup> Quarter (1/1/17 – 3/31/17)	Fiscal Year 16-17 4 <sup>th</sup> Quarter (4/1/17 – 6/30/17)	Fiscal Year 16-17 Full Year (7/1/16 – 6/30/17)
<b>Total Clients Served</b> <i>(Unduplicated Count)<sup>17</sup></i>	<b>467</b>	<b>633</b>	<b>969</b>	<b>787</b>	<b>1667</b>
<b>Total Clients Served</b> <i>(Duplicated Count; Includes General Audiences)<sup>18</sup></i>	<b>904</b>	<b>2246</b>	<b>2261</b>	<b>1914</b>	<b>6015</b>
<b>CLIENTS SERVED BY AGE</b> <i>(Data For Participants In Specific Programs.)<sup>19</sup></i>					
Children (0 to 15)	455	624	919	744	1606
Transition Age Youth (16 to 24)	2	9	50	43	61
<b>CLIENTS SERVED BY GENDER</b>					
Males	240	326	506	420	872
Females	216	306	463	367	794
Transgender	1	1	0	0	1
<b>CLIENTS SERVED BY ETHNICITY<sup>20</sup></b>					
African American	39	50	65	56	122
Latino	184	273	410	339	696
Native American	2	2	7	7	11
Caucasian	173	226	352	276	611
Asian	21	29	57	36	88
Pacific Islander	4	6	9	7	15
Other, including multi-cultural individuals	31	44	69	66	121
Unknown	4	4	0	0	4
<b>CLIENTS SERVED BY PRIMARY LANGUAGE</b>					
English	356	454	666	590	1204
Spanish	91	162	251	175	391
Russian	1	9	16	11	20
Other	9	8	36	21	52
<b>HOURS OF SERVICE BY SCHOOL DISTRICT OR OTHER LOCATION</b>					
Davis Joint Unified SD	10	30.50	95.33	31.83	167.67

<sup>16</sup> Source: Victor Community Support Services, provider records and performance measures.

<sup>17</sup> Clients Served Unduplicated count includes only Selective Clients and a client is counted only once per service period regardless of the number of programs or services they participate in.

<sup>18</sup> Clients Served count includes Selective and Universal Client counts and included participants from general audiences.

<sup>19</sup> Selective Services Count: Demographic information is collected for participants in specific evidence-based and promising practice programs involving specific curricula and multiple episodes of contact. Demographics are not tracked for single presentation or large audience contact.

<sup>20</sup> Quarter 2 Ethnicity counts do not match unduplicated serve numbers as one client reported two ethnicities.





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Washington Unified SD (West Sacramento)	72.75	218.75	290.75	124.75	707
Woodland Joint Unified SD	27	76.50	57.5	27.75	188.75
Yolo County Office of Education/Other SD	37.5	17.00	13.0	4	74.5
In Community/Other Non-SD	1	4.50	0	0	5.5
River Delta Unified School District	11	16.25	37.0	14	78.25
<b>HOURS OF SERVICE BY IDENTIFIED TARGET POPULATION</b>					
Children/Youth At-Risk	112.75	195.08	310.75	156.58	775.16
Children/Youth In Onset of Psychiatric Illness	57	48.50	74.0	36	215.5
Children/Youth At-Risk of School Failure	117.25	259.17	477.08	202.33	1055.83
Trauma Exposed Children/Youth	128.75	282.00	334.83	123.83	869.41
Children/Youth in Stressed Families	159.25	344.00	477.08	202.33	1182.66

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**Yolo County Health and Human Services Agency**

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**PREVENTION & EARLY INTERVENTION (PEI) SUMMARY PROGRAM DATA  
 PEI WELLNESS PROJECT: RURAL CHILDREN’S RESILIENCY BUILDING PROGRAM<sup>21</sup>  
 SERVICE PROVIDER: RURAL INNOVATIONS IN SOCIAL ECONOMICS, INC. (R.I.S.E.)**

	Fiscal Year 16-17 1 <sup>st</sup> Quarter (7/1/16 – 9/30/16)	Fiscal Year 16-17 2 <sup>nd</sup> Quarter (10/1/16 – 12/31/16)	Fiscal Year 16-17 3 <sup>rd</sup> Quarter (1/1/17 – 3/31/17)	Fiscal Year 16-17 4 <sup>th</sup> Quarter (4/1/17 – 6/30/17)	Fiscal Year 16-17 Full Year (7/1/16 – 6/30/17)
<b>Clients Served</b> (Unduplicated Count)	<b>189</b>	<b>23</b>	<b>15</b>	<b>14</b>	<b>241</b>
<b>CLIENTS SERVED BY AGE</b>					
Children (0 to 15)	126	17	10	8	161
Transition Age Youth (16 to 24)	63	6	5	6	80
<b>CLIENTS SERVED BY GENDER</b>					
Males	92	14	7	4	117
Females	97	9	8	10	124
<b>CLIENTS SERVED BY ETHNICITY</b>					
African American	9	0	0	0	9
Latino	128	17	12	12	169
Native American	0	0	0	0	0
Caucasian	49	6	3	2	60
Asian	0	0	0	0	0
Pacific Islander	0	0	0	0	0
Other	3	0	0	0	3
Unknown / Declined to State	0	0	0	0	0
<b>CLIENTS SERVED BY PRIMARY LANGUAGE</b>					
English	105	12	5	4	126
Spanish	84	11	10	10	115
Russian	0	0	0	0	0
Other	0	0	0	0	0
<b>CLIENTS SERVED BY SCHOOL DISTRICT</b>					
Esparto Unified School District	72	9	6	4	91
Winters Joint Unified School District	117	14	9	10	150

<sup>21</sup> Source: Rural Innovations in Social Economics, Inc. (R.I.S.E.), provider records and performance measures.





**Yolo County Health and Human Services Agency**

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**PREVENTION & EARLY INTERVENTION (PEI) SUMMARY PROGRAM DATA  
PEI WELLNESS PROJECT: SENIOR PEER COUNSELOR VOLUNTEER PROGRAM<sup>22</sup>  
SERVICE PROVIDER: CITIZENS WHO CARE**

	Fiscal Year 16-17 1 <sup>st</sup> Quarter (7/1/16 – 9/30/16)	Fiscal Year 16-17 2 <sup>nd</sup> Quarter (10/1/16 – 12/31/16)	Fiscal Year 16-17 3 <sup>rd</sup> Quarter (1/1/17 – 3/31/17)	Fiscal Year 16-17 4 <sup>th</sup> Quarter (4/1/17 – 6/30/17)	Fiscal Year 16-17 Full Year (7/1/16 – 6/30/17)
<b>CLIENTS SERVED BY SPC VOLUNTEERS</b> <i>(Unduplicated)</i>	11	13	16	17	22
Total Hours of Service to Clients	57	174	110	102	443
<b>CLIENTS SERVED BY GENDER</b>					
Males	2	2	2	3	3
Females	9	11	14	14	19
<b>CLIENTS SERVED BY ETHNICITY</b>					
African American					
Latino		1	3	3	3
Native American					
Caucasian	11	12	13	14	19
Asian					
Pacific Islander					
Other					
Unknown					
<b>CLIENTS SERVED BY PREFERRED LANGUAGE</b>					
English	11	13	15	16	21
Spanish			1	1	1
Russian					
Other					
<b>LOCATIONS</b>					
Davis	5	6	7	7	7
West Sacramento					
Winters	1				1
Woodland	5	7	9	10	14
Esparto					
Other/Rural/Unincorporated					
<b>CLIENTS WITH MENTAL HEALTH ISSUES SERVED BY OTHER CITIZENS WHO CARE VOLUNTEERS</b> <i>(Unduplicated)</i>					
Total Older Adults Served	151	147	147	157	185
Total Hours of Service to Clients	1225	1420	1447	1329	5421

<sup>22</sup> Source: ADMH Avatar MIS and Yolo County Records





**Yolo County Health and Human Services Agency**

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**PREVENTION & EARLY INTERVENTION (PEI) SUMMARY PROGRAM DATA  
 PEI EARLY SIGNS PROJECT: EARLY SIGNS TRAINING AND ASSISTANCE PROGRAM<sup>23</sup>  
 SERVICE PROVIDER: YOLO COUNTY ALCOHOL, DRUG AND MENTAL HEALTH--PEI UNIT**

	Fiscal Year 16-17 1 <sup>st</sup> Quarter (7/1/16 – 9/30/16)	Fiscal Year 16-17 2 <sup>nd</sup> Quarter (10/1/16 – 12/31/16)	Fiscal Year 16-17 3 <sup>rd</sup> Quarter (1/1/17 – 3/31/17)	Fiscal Year 16-17 4 <sup>th</sup> Quarter (4/1/17 – 6/30/17)	Fiscal Year 16-17 Full Year (7/1/16 – 6/30/17)
<b>Individuals Served</b> <i>(Unduplicated Count)</i>	<b>54</b>	<b>79</b>	<b>97</b>	<b>93</b>	<b>323</b>
<b>PARTICIPATION BY COURSE</b>					
Youth Mental Health First Aid (YMHFA)	23	10	0	16	49
Mental Health First Aid (MHFA)	0	41	37	57	135
Question Persuade Refer (QPR)	3	2	31	11	47
SafeTALK	28	26	29	9	92
<b>INDIVIDUALS SERVED BY AGE</b>					
Children (0 to 15)					
Transition Age Youth (16 to 24)	25	45	49	38	157
Adult (25 to 59)	27	29	31	50	137
Older Adult (60+)		2	8	4	14
Declined to State	2	3	9	1	15
<b>INDIVIDUALS SERVED BY GENDER</b>					
Males	26	29	24	19	98
Females	28	48	66	74	216
Other		2	1		3
Rather not specify			6		6
<b>INDIVIDUALS SERVED BY ETHNICITY</b>					
African American	2	4	5	4	15
Latino	16	21	20	27	84
Native American		6	5	4	15
Caucasian	24	21	43	28	116
Asian	14	25	27	28	94
Pacific Islander	2	4	3	1	10
Other	1	8	2	2	13
Unknown/Declined to State			7	1	8
<b>INDIVIDUALS SERVED BY PRIMARY LANGUAGE</b>					
English	37	62	75	78	252
Spanish	6	7	14	4	31
Russian	3	1	0	0	4
Not a County Threshold Language	6	9	8	11	34
<b>LOCATIONS WHERE TRAININGS WERE OFFERED</b>					
Davis	✓	✓	✓	✓	✓
West Sacramento	✓	✓		✓	✓
Winters		✓			✓
Woodland	✓	✓	✓	✓	✓
Other/Rural/Unincorporated					

<sup>23</sup> Source: Yolo County HHS Avatar MIS and Yolo County Records







**Yolo County Health and Human Services Agency**

MHSA Annual Update for FY 2018-19

**PREVENTION & EARLY INTERVENTION (PEI) SUMMARY PROGRAM DATA**  
**PEI EARLY SIGNS PROJECT: CRISIS INTERVENTION TEAM (CIT) TRAINING<sup>24</sup>SERVICE**  
**PROVIDER: DISABILITY RESPONSE, INC./MICHAEL SUMMERS**

	Fiscal Year 16-17 1 <sup>st</sup> Quarter (7/1/16 – 9/30/16)	Fiscal Year 16-17 2 <sup>nd</sup> Quarter (10/1/16 – 12/31/16)	Fiscal Year 16-17 3 <sup>rd</sup> Quarter (1/1/17 – 3/31/17)	Fiscal Year 16-17 4 <sup>th</sup> Quarter (4/1/17 – 6/30/17)	Fiscal Year 16-17 Full Year (7/1/16 – 6/30/17)
<b>LAW ENFORCEMENT/FIRST RESPONDERS TRAINED</b> <i>(Unduplicated)</i>	<b>19</b>	<b>36</b>	<b>20</b>	<b>182</b>	<b>257</b>
<b>LE OFFICERS/FIRST RESPONDERS TRAINED BY AGE</b>					
Transition Age Youth (18 to 24)	3	5	3	3	14
Adult (25 to 59)	16	31	17	177	241
Older Adult (60+)					
Declined to State					
<b>LE OFFICERS/FIRST RESPONDERS TRAINED BY GENDER</b>					
Males	14	23	135	135	188
Females	5	13	47	47	69
<b>LE OFFICERS/FIRST RESPONDERS TRAINED BY ETHNICITY</b>					
African American	1			17	18
Latino	6	4	7	45	62
Native American					
Caucasian	10	29	13	98	150
Asian	1	2		9	12
Pacific Islander		1		1	2
Other	1				1
<b>LE OFFICERS/FIRST RESP. TRAINED BY PREFERRED LANGUAGE</b>					
English Only	15	32	13	143	203
Bilingual: English/Spanish	4	4	7	33	48
Russian				6	6
<b>LE OFFICERS/FIRST RESPONDERS TRAINED BY AGENCY</b>					
Davis Police Department	2	4	2	11	19
Los Rios Police Department	1				
West Sacramento Police Department					
Winters Police Department		3		5	8
Woodland Police Department	2	1	2	8	13
Yolo County Probation Department		1	2		3
Yolo County Sheriff's Department	3	3		118	124
U. C. Davis Police Department				1	1
California Highway Patrol (local office)					
Out of County Law Enforcement Participants	6	12	9	20	47
Other First Responders (EMTs, Regional Transit, Hospital Security, Tribal Security, etc.)	5	12	6	19	42

<sup>24</sup> Source: Disability Response/M. Summers, provider records and performance measures.

