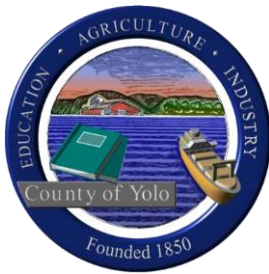


Yolo County Health and Human Services Agency: Mental Health Services Act Annual Update

For Fiscal Year 2019-2020



Prepared by:

Resource Development Associates

[Date]





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MHSA COUNTY COMPLIANCE CERTIFICATION

County: Yolo

Local Mental Health Director Karen Larsen, Health and Human Services (530) 666-8651 Karen.Laresen@yolocounty.org	Program Lead Anthony Taula-Lieras MHSA Coordinator (530) 666-8613 Anthony.Taula-Lieras@yolocounty.org
Local Mental Health Mailing Address: Yolo County Health and Human Services Agency 137 N. Cottonwood St., Suite 2500 Woodland, CA 95695	

I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county/city and that the County/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Three-Year Program and Expenditure Plan or Annual Update, including stakeholder participation and 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 _____, 2019.

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





Yolo County Health and Human Services Agency

MHSA Annual Update for FY 2019-2020

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION

County: Yolo

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

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

I hereby certify that 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, 2017, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated for the fiscal year ended June 30, 2018. I further certify that for the fiscal year ended June 30 2018, 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 2019-20 in September 2018. Yolo County Health and Human Services Agency (HHS) contracted with Resource Development Associates (RDA) to facilitate the CPP activities that culminated in this plan. The purpose of this plan update is to describe Yolo County's CPP process, provide an assessment of the needs identified and prioritized via an inclusive stakeholder process, and highlight the program and expenditure modifications or enhancements needed to support a robust mental health system based on the MHSA core values. This Annual Update is intended to review MHSA-funded programs and services provided in FY 2017-18 and to provide programming, service, and funding updates to the County's MHSA Annual Update FY 2018-19. This review will support Yolo County to project anticipated programming and service needs for FY 2019-20. This Annual Update includes the following sections:

- **Overview of the community program planning process** that took place in Yolo County from September 2018 through October 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 2019-20.
- **Description of Yolo County's MHSA programs** by component, which includes a detailed explanation of each program, the mental health needs it addresses, the goals and objectives of the program, and the program budget amount.

This plan is required by Proposition 63 (MHSA), approved by California voters in 2004 to expand and transform the public mental health system. The MHSA represents a statewide movement to provide a better-coordinated and comprehensive system of care for those with serious mental illness (SMI), 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).

Figure 1: MHSA Values



This plan reflects the deep commitment of HSA 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, consumer and family driven, culturally competent, integrated, and collaborative with the Yolo County community.

Prevention and Early Intervention (PEI) Evaluation Report

This Annual Update also incorporates the Annual PEI Evaluation Report, reviewed by the Board of Supervisors (BOS) in [DATE] and approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC) in [DATE].

While the PEI Evaluation Report of FY 2019-20 does not incorporate performance metrics for programs and services funded through PEI, it provides an overview of programs’ key activities, goals, updates, and consumer demographics. The report also includes a description of challenges the County experienced with collecting required data and reporting as well as a plan to ensure compliance moving forward.



Annual Update Project Approach & Methodology

In September of 2018, HHSA initiated the CPP process for the MHSA Annual Update for FY 2019–20. The MHSA Planning Process was led by Anthony Taula-Lieras, MHSA Program Coordinator and RDA, a consulting firm with mental health planning expertise.

This 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



Community Engagement and Mental Health Needs Assessment

The second phase of the CPP process focused on a comprehensive community mental health needs assessment, embedded 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 and provide input. During these meetings, stakeholders heard from the MHSA Coordinator about program accomplishments and were encouraged to ask questions about the process and share their thoughts on outstanding needs and programs. The planning team ensured that these 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.





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The planning team held community meetings with Yolo 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, and representatives from other service sectors). To assure broad community engagement, Yolo County implemented a refreshed outreach strategy in 2018 to reach CPP participants. The strategy involved wider outreach efforts with tactics of meeting community members where they are at, building a community culture of reciprocity, improved technology use, and data tracking. Embedded in this strategy were continuing efforts to maintain relations with consistent and reliable stakeholders such as county providers, staff, and mental health advocates across the county (including local NAMI members, LMHB members, and Board of Supervisors). Effort was made to ensure both rural and urban areas of the county were reached. Planning meetings, MHSA flyers, and information were distributed and shared in Knight's Landing, Clarksburg, and Esparto, as well as West Sacramento, Woodland, and Davis.

To meet community members where they are at, Yolo staff were deployed to a variety of outreach events. In 2018, Yolo added to typical efforts by attending the Yolo County Housing Centers/Migrant Housing Program, Woodland Farmers Market, Dan and Durst Ranch Farm, MCAH Home Visiting Program, and UC Davis Pow-Wow. Additionally, Yolo created an inventory of Yolo committees, collaborative workgroups, and commissions to target orienting a broad base of constituents to MHSA and the community planning process. The planning team presented information about MHSA to the Yolo County District Attorney's Multicultural Council, the Yolo Promotores Network, The Rotary Club, Resilient Yolo, the Child Abuse Prevention Council, The Elder Death and Elder Death Review Meeting, Commercially Sexually Exploited Children (Human Trafficking) Steering Committee, Community Advisory Committee, the Yolo County HHS Cultural Competence Committee, the Healthy Schools Collaborative, the Maternal Mental Health Collaborative, Student Services Leaders/ Executive Advisory Council, Woodland Chamber of Commerce Workforce Development Committee, Yolo County Housing Program Coordinating Committee, Yolo Farmworker Collaborative, and Yolo Truancy Abatement Committee.

Yolo also improved upon its technology and data tracking tools which enabled Yolo to identify areas of improvement within the CPP process. Many areas were identified, including increased diversity of community planning participants and Native American population outreach. Implementing the refreshed outreach strategies, Yolo was able to make improvements in the identified improvement areas, with both a greater number of participants, and an increased diversity among participants.

Appendix I includes the PowerPoint used during the first round of community meetings. In addition to reviewing the MHSA Annual Update process and emerging needs, community input meetings focused on the following questions:

- I. What programs and services should continue as they are?
- II. What programs and services should the planning team consider changing?
- III. What programs and services are not needed?
- IV. What new programs might benefit the community?



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

Following these sessions, RDA worked with HHS to consider community feedback and develop strategies to address the identified needs and changes. The needs assessment and strategies were presented to HHS stakeholders, consumers, family members, other service providers, and interested parties during a community planning summit.

The purpose of the community planning summit 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 planning summit resulted in program modifications and actions that HHS will implement for FY 2019-20, as described in this annual update/program and expenditure plan. Appendix II includes the PowerPoint used during the community planning summit.

Local Review Process and Public Comments

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 [DATE] with hardcopies available at HHS 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 [DATE]. During the 30-day public posting period and public hearing event, community members are encouraged to provide public comment, which is 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 sent to the 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.

Public Comments

During the MHS 30-day Public Review and Comment Period, [x] public comment was received:



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Public Hearing

The Public Hearing was held at [DATE], at [LOCATION]. Local Mental Health Board Chair [NAME] presided over this public hearing.

DRAFT



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 events took place Fall 2018 and included community input meetings and HHSA staff and provider work groups. Flyers and emails helped recruit stakeholders (see Appendix VII for the flyers used). In an effort to be inclusive of the geographic span of Yolo County, HHSA and RDA conducted community meetings in Esparto, Davis, Knights Landing, West Sacramento and Woodland. 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 VIII 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
Community Input Meeting (6)	September 2018	73
Provider-Stakeholder Work Group	September 2018	34
Mental Health Staff Meeting	September 2018	9
Community Planning Summit	October 2018	45
Total		161

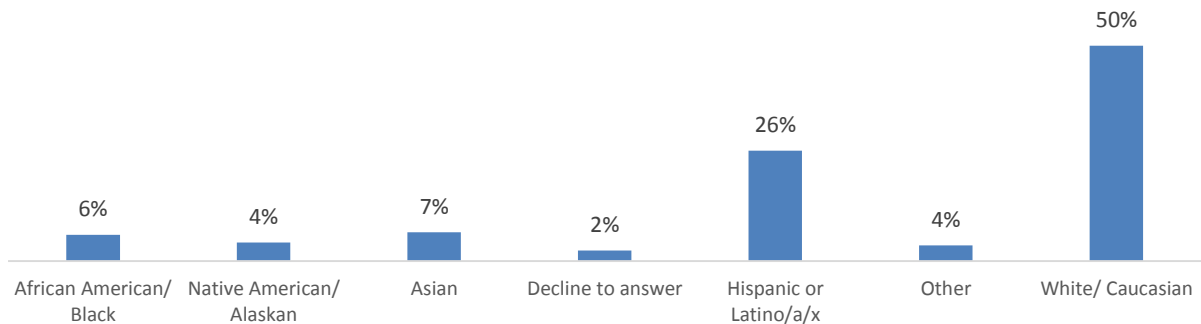
Overall, 161 stakeholders attended at least one of these stakeholder meetings. Of those who completed a demographic survey, 84% were aged 25-59, 13% were aged 60 or older, and 3% were 16-24 years of age. As part of Yolo County’s data collection efforts on the LGBT+ community, stakeholder participation demographic forms now include questions regarding gender identity and sexual orientation (see Appendix IX for the demographic form used). For gender, 83% identified as female and 12% identified as male.¹ In terms of sexual orientation, 91% of meeting participants identified as heterosexual or straight, 7% of participants identified as gay, lesbian, or bisexual, and 1% declined to answer.

Additionally, RDA examined the ethnic and racial breakdown of community input meeting participants: 26% identified themselves as Hispanic/Latino/a/x, 50% indicated they were White, 7% Asian, 6% African American/Black, 4% as Native American/ Alaskan and 4% as other. Of the participants who completed the demographic survey, 27% shared they have at least one physical disability.

¹ Other responses were excluded due to the small numbers of individuals to protect participant confidentiality.

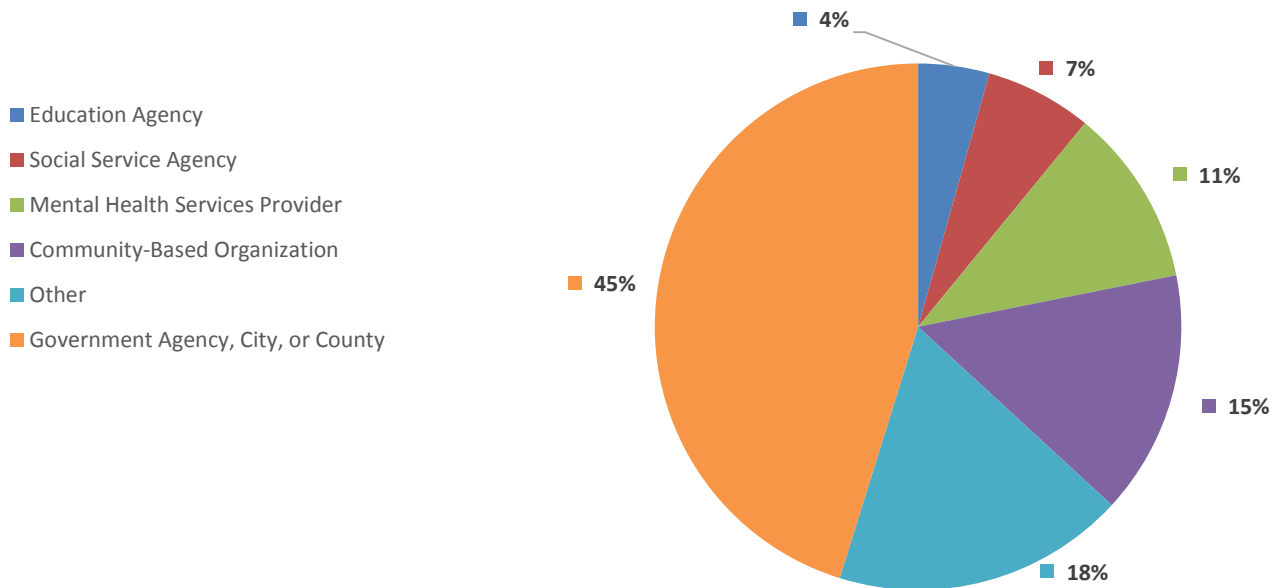


Figure 3. Race and Ethnicity of Stakeholders Participating in Community Input and Planning Meetings



Among the various groups represented in the annual update process, the largest group (45%) identified as being affiliated with a city or county government agency, followed by 15% affiliated with a community-based organization (CBO), 15% affiliated with other, 11% affiliated with a mental health services provider, and 7% affiliated with a social service agency (Figure 4). Of the total participants who filled out a demographic form, over half (53%) did not identify as either a mental health services consumer or family member of a consumer. However, 35% did indicate they are family members of a consumer and 12% identified themselves as consumers.

Figure 4. Stakeholder Affiliation of Participants in Community Meetings



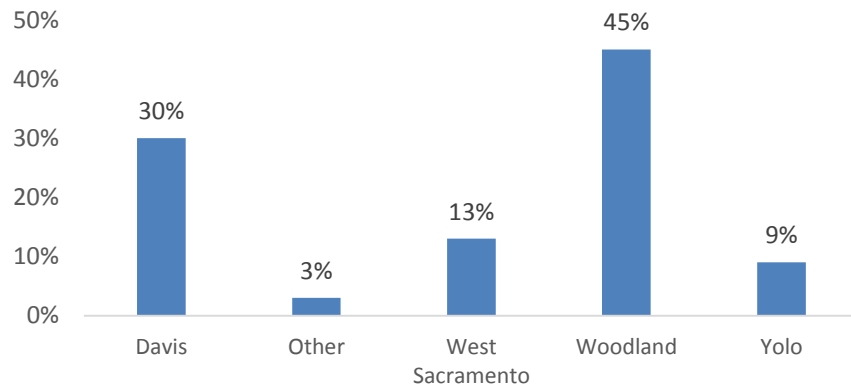


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RDA also examined the location where community input meeting and summit participants live within Yolo County. The largest groups of participants lived in Woodland (45%) and Davis (30%), followed by West Sacramento 13%, Yolo 9%, and Other 3% (Figure 5).

Figure 5. Participant Location of Residence in Yolo County



Also, during the community engagement activities, participants were presented with documents regarding the MHSA values and opportunities to provide feedback.



Needs Assessment

Background

Yolo County is located in the Greater Sacramento metropolitan area in the Sacramento Valley, an area known for its agricultural richness. While Yolo County is considered to be mid-sized with a population of approximately 219,000, it is the smallest of the mid-sized counties and spans a significant geographic area of over 1,000 square miles.² The County, with its distinct geographic, cultural, and socio-economic characteristics, has the unique challenge of providing services to diverse groups and communities that are also geographically varied, and must contend with the need for flexible service delivery, cultural competency across groups, transportation, and access to services across a vast territory.

High levels of poverty, rural, and cultural isolation affect many residents of the County, where over 17% of the population lives below the poverty line.³ Additionally, one in four residents experienced severe housing problems in 2016⁴ and 25% of the population receives Medi-Cal. The demographics of behavioral health consumers and those in need of behavioral health services mirror those of the County's population. Furthermore, the rate of hospitalizations for mental health diagnoses in Yolo County has been increasing since 2008, particularly for hospitalizations for psychoses.⁵

There are a number of ongoing challenges the County faces in meeting the behavioral health needs of their diverse and scattered population, including the need for increased coordination across providers, narrow transportation options, limited specialized crisis service hours, and the need for expanded consumer access to health and wellness service coordination. In response to community feedback, the County has undergone a number of efforts to address these challenges. The County's progress in these areas as well as continued opportunities for growth are presented in more detail below.

² US Census Bureau, 2018, <http://www.census.gov/quickfacts/table/PST045215/06113>

³ US Census Bureau, 2018, <http://www.census.gov/quickfacts/table/PST045215/06113>

⁴ <http://www.countyhealthrankings.org/app/california/2016/rankings/yolo/county/outcomes/overall/snapshot>

⁵ Yolo County Health Department. (2014). Community Health Status Assessment. Accessed on March 24, 2017 from <http://www.yolocounty.org/Home/ShowDocument?id=25983>.



Who Was Served in FY 2017-18

During FY 2017-18 (July 1, 2017- June 30, 2018), **11,642** people in Yolo County received services funded by MHSA. Of those, **838** were new or existing consumers with SMI. Of those consumers with SMI, **733** received services from Community Services and Support (CSS)*, and **105** received services from Innovation (INN) programs. During that same period, **10,804** consumers were served by MHSA programs offering outreach and engagement, benefits assistance, preventative services, early mental health intervention, or specialty training in recognizing and responding to the signs and symptoms of mental illness or suicidal behaviors (Figure 6 & 7).

Figure 6. Total consumers served in FY 2017-18

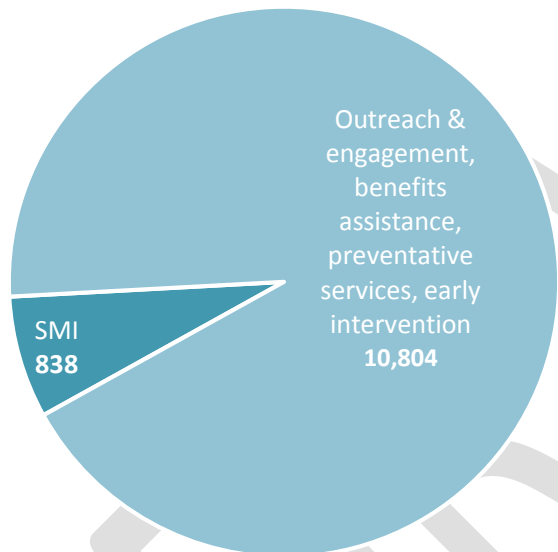
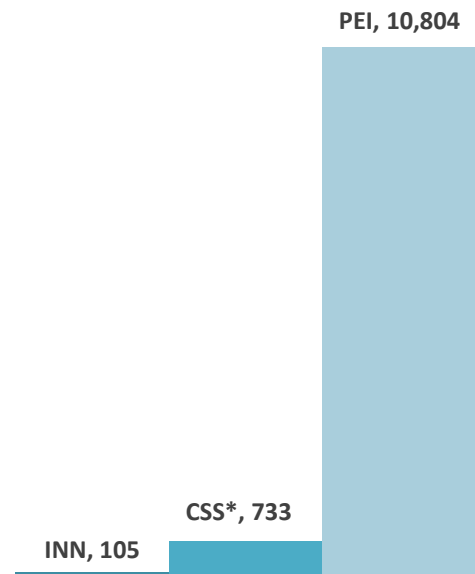


Figure 7. Consumers served by component in FY 2017-18



*Excludes Children's Outreach & Engagement Data



Overview of Community Planning Efforts

This section illustrates the transformation progress of Yolo County’s public behavioral health system starting from the 2017-2020 Three-Year Program and Expenditure Plan to date. The section is divided into the following topics and provides a description of needs identified by the community and system planning based on those needs.

Children's System of Care	Screening and Assessment
	Service Needs
TAY System of Care	Service Utilization
	Social Isolation
Adult and Older System of Care	Service Navigation
	Recovery & Other Supports
Countywide Initiatives	Programs include those across life-span, support workforce, and fund technology and facilities

Children’s System of Care

Identified Needs

During the three-year planning process, stakeholders identified two key issues for children: screening and assessment, and service needs.

- ❖ *Screening and Assessment:* Stakeholders shared that there were not enough mental health services available, yet not all services were operating at full capacity. The planning process identified there was no clear process to screen, assess, and refer children to the appropriate level of care. Given the complexity of the mental health services and funding for school-age children and youth (school, PEI, EPSDT, and HHSA), it was difficult for providers, educators, and other professionals to determine where and how to refer children for help once a need has been identified.
- ❖ *Service Needs:* Stakeholders reported bullying and cyberbullying, anxiety, and depression as primary concerns for children during this period. They expressed the need for more parent and family support and education not only to better support their children experiencing mental health issues but also for overall family wellness.

System Planning Based on Needs

The Children’s System of Care responded to the needs of the community by attempting to create a more seamless process by which children are screened, identified, and linked to the appropriate level of care. New program and services implemented during this time period include:





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

School Based Access and Linkage Program: The School Based Access and Linkage program placed clinical staff at schools to provide universal screening, assessment, and referral to treatment for children and youth aged 6-18. Similar to the Early Childhood Mental Health Access and Linkage program, the School Based Access and Linkage program helped identify children and youth who need mental health services and provide linkages and warm-hand offs. This program shifted the focus from MHSA-funded clinical staff 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 services. However, this program experienced challenges due to the closure of a provider network, Yolo Family Service Agency (YFSA). This closure led to the program having several referring staff but very limited treatment capacity. Yolo HHS developed a transition plan to ensure services continued to be delivered. This resulted in three local providers (CommuniCare Health Centers, Turning Point Community Programs and RISE, Inc.) assuming all of the County-funded services previously offered by YFSA. This challenge has since been addressed but was critical during the planning process in FY 2019-20.

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

Current State

To date, 500+ children have received screening and 153 children were referred to mental health services. While stakeholders shared that the screening and assessment process is working well, linkage to services is an ongoing barrier due to service availability. They also shared that MHSA, EPSDT, and other children's mental health services are at capacity. Although this feedback indicates limited options for children in a mental health crisis, a perception of limited services likely relates more to challenges around referrals and the referral process than it does to lack of services themselves. The Access & Linkage programs will continue to work towards improving service linkage for children.



Transitional Aged Youth (TAY) System of Care

During the three-year planning process, the community identified service needs for youth and young adults in Yolo County that include specific services to address bullying, cyberbullying, anxiety, and depression, while their parents need stronger educational, navigational, and supportive services. This process also highlighted that TAY in Yolo County have low service utilization due to stigma, privacy concerns, and limited communication methods, which contribute to social isolation.

Identified Needs

- ❖ *Service Utilization:* TAY indicated that they did have multiple concerns around mental health and wellness and wished that there were alternative ways to engage in needed services. TAY expressed that services currently available to them were 1) primarily in-person and via telephone, and 2) provided in ways that created concerns around privacy and discretion.
- ❖ *Social Isolation:* TAY reported feelings of isolation and specifically discussed the need to have more recovery-focused activities and TAY-dedicated space.

System Planning Based on Needs

To respond to the needs of TAY, the plan set out to create community-based locations with multiple levels of care. The goal was to create the community vision of TAY-dedicated space that includes outreach and engagement, early intervention, and stigma discrimination reduction (SDR) services.

TAY Wellness Centers: TAY Wellness Centers provide access to multiple levels of care in a youth-welcoming environment. Located at the Woodland Community College campus (STAY Well Center) and at the Davis site, TAY Wellness Centers offer services that focus on improving access and engagement with mental health services while providing a safe space for youth and transitional aged youth. The Wellness Centers will serve as a support for young people who are entering the mental health system and to navigate the service system.

TAY Speaker's Bureau: 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.

TAY Early Intervention Program: This program launched in FY 2018-19 and focuses primarily on youth developing mood disorders (i.e., bipolar and major depressive disorders). This program includes a variety of clinical and other supportive services at home, clinic, and community-based settings and provides evidence-based interventions to address emerging symptoms and to support the youth to stay on track developmentally.



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Current State

The TAY Wellness Centers opened in late 2018 and have reported success in the number of consumers utilizing services and overall service provision. Similarly, the TAY Speaker's Bureau launched in the summer of 2018 with a workshop to assist participants with the development of their stories.

Although the Early Youth Intervention Program hired a clinician in the fall of 2018, the program is currently experiencing staffing challenges. Specifically, the program experienced the transition of the program clinician. The program is working towards recruiting and retaining a clinician.

Adult and Older Adult System of Care

Adults and older adults in Yolo County, particularly those who are involved in multiple systems or experience multiple episodes of crisis, incarceration, and homelessness, face challenges when accessing services. During the three-year planning process, there were three main needs identified: service navigation, stronger recovery supports, and residential treatment options.

Identified Needs

- ❖ *Service Navigation:* Consumers and professionals both expressed a desire to deepen their understanding of service availability and access points throughout the county so that they could learn more about what services were appropriate, where to access resources to investigate, or whom to contact to make a referral. Cross-system care coordination and linkage for individuals transitioning out of hospitals and reentering the community was also identified as an ongoing need.
- ❖ *Recovery Supports:* Community members also identified the need for stronger recovery supports for adults and older adults. Such supports can reduce isolation and provide more opportunities for meaningful community involvement. Recommended services included vocational and educational opportunities, and skill building (self-advocacy skills, storytelling). Lastly, it was expressed that families and caretakers would benefit from additional help to care for their loved ones through support groups, respite, and additional consumer daytime activities.
- ❖ *Residential Treatment:* The community shared they need more discharge, residential, and Board & Care Home options for all consumers, but especially for older adults.

System Planning Based on Needs

The three-year plan proposed changes to the adult system of care that respond to the community need to bridge the gap between crisis services and existing specialty mental health services. The primary changes intended to address the needs of those who are in and out of hospitals, jails, and emergency





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departments but are unable or unwilling to access ongoing mental health services. The plan also focused on strengthening community-based, peer-focused services to better support consumers and their families.

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

Peer and Family Led Support Services: This program seeks to expand on the need expressed during the CPP process for more peer-led and family led community-based support programs. It capitalizes on the success of the Peer Support Workers and the Parent Partner Program, both extremely successful programs staffed exclusively by peers, and expands these peer successes to family-to-family services as well.

Integrated Behavioral Health Services for Latino Community and Families: The program will provide culturally responsive services to Yolo County Latino/Hispanic residents with health issues, mental health illnesses, and/or substance use issues. The program will serve the entire Latino community as well as provide targeted outreach effort to Latino men/heads of household. It seeks to develop relationships between providers and not only consumers, but also their supports, families, and community.

Adult Residential Treatment Program: Yolo County plans to develop an adult residential treatment facility to support consumers transitioning back to the community from institutional placements such as IMD/MHRCs and provide a community-based residential treatment alternative for adults at risk of IMD/MHRC placement. During the Annual Update, Yolo HHSA reported being in the process of identifying and finalizing a location for the new Adult Residential Treatment Facility in Davis. However, opposition and concerns from community members has presented a delay in finalizing the location.



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Current State

Yolo HHSA is currently working closely with hospitals to develop a clear understanding of the mental health system from transport and entry into the hospital to admittance and through discharge to the community to further support consumers. One of the goals of this partnership is to address gaps for those experiencing homelessness who are medically fragile.

In response to community concerns regarding the development of the adult residential treatment facility, HHSA, Yolo County Housing, CommuniCare Health Centers and North Valley Behavioral Health held two project input discussions in August 2018. Community members in Davis have been expressing concern over the proposed mental health facility in the residential area and possible impact on the safety of the community. Other residents shared concerns of a possible increase of homeless individuals in the area. Due to stigma and nimbyism, it is difficult for the county to identify locations to site mental health programs, including supportive housing.

There are several programs outside of mental health with a range of housing options but information is not centralized throughout the County, making resources difficult to access. Furthermore, the lack of affordable housing exacerbates the growth of the homeless population in all areas. Yolo HHSA is working on a number of efforts to increase housing options. For example, Yolo County recently completed a Board and Care Home Study to look for ways to increase long-term housing for individuals with SMI.

Originally, two community-based navigation centers were planned but based on siting issues, the focus has turned to developing one consistent location in Davis. Temporarily, the one Drop-In Center is housed at the HHSA Davis Clinic; providing walk-in services on Tuesdays, Thursdays, and Fridays each week.

Countywide Initiatives

During the three-year planning process, stakeholders shared that while the County's menu of crisis services such as the Crisis Intervention Program (CIP) are an asset to the community, stakeholders shared they wished expanded hours and more proactive services were available. Lastly, community members and service providers expressed the need to strengthen cultural responsivity across all levels of services, programming, and workforce including HHSA in order to be more inclusive, intersectional, and culturally responsive.



Identified Needs

- ❖ *Cultural Responsiveness:* Stakeholders recommended expanding the definition of cultural competency beyond training programs so staff can further their investment in cultural competency by building a depth of understanding, personal awareness, and comprehension around their own lived experiences, the impacts that these have on their relationships with consumers, and ultimately how to effectively use this consciousness to improve the services they provide. More so, the LGBT+ community would benefit from culturally-specific services and programming to demographically identify the population, develop workforce expertise, and address stigma and discrimination. Lastly, at all levels and in all roles, Yolo County should prioritize its commitment to a culturally diverse workforce.
- ❖ *Crisis Intervention Services:* Stakeholders shared that while the County's menu of crisis services such as the Crisis Intervention Program (CIP) are an asset to the community, stakeholders shared they wished expanded hours and more proactive services were available.
- ❖ *Technological needs:* Across the county, community stakeholders expressed the need for alternative methods for communication and seeking support. As a response, the Technological Needs Plan included initiatives that provide alternative forms of delivery service, communication, and strengthening of data analytics and reporting. Such initiatives intend to alleviate barriers of mental health stigma and geographic isolation, and overall to improve consumer mental health outcomes.

System Planning Based on Needs

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

Peer Workforce Development Workgroup: 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 HHS, and b) there is a need to address stigma and bias issues arising from an integrated peer and non-peer workforce. 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.



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Early Signs Project: Crisis Intervention Program (SB 82) Augmentation: In 2015, with grant funding from SB 82, Yolo County partnered with local law enforcement and community-based behavioral health service providers to pilot Crisis Intervention Program (CIP) services in four cities. Due to both the success of the pilot and the increasing community need for crisis intervention services, MHSA stakeholders agreed to continue augmenting SB 82 funding to cover additional staffing costs. However, the grant funds were time-limited and ended in 2017.

Social Media/Application 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. 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.

Current State

HHSA initiated 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 worked towards providing a framework for eliciting and collecting data on the LGBT+ community. Previously there were no indicators for this population existing but due to recent efforts, Yolo HHSA is able to track to what extent this population is coming into contact with the public system and identify their needs.

During the implementation phase of each plan, community members 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 do require an urgent mental health care response. To alleviate this gap, HHSA developed an alternative drop-off location, the Mental Health Urgent Care Center (MHUC) through the First Responders Initiative, to support diversion efforts. HHSA also provided a clinician to the Sutter Davis and Woodland Memorial emergency departments 24/7. However, MHUC experienced implementation challenges leading to consumers and families voicing the need for improved clarity on services available and what to expect when visiting MHUC. During this time, HHSA was working on streamlining and updating their service delivery structure in order to better serve the mental health community. The capital facilities system consisted of the Woodland and West Sacramento Wellness Centers, and the technology system consists of the Telepsychiatry Program and Electronic Health Records upgrades which have been completed with success.

Despite all of this progress, stakeholders identified remaining gaps. Community members shared reliable transportation continues to be a barrier to accessing mental health services. HHSA acknowledged this ongoing process during the Annual Plan Update and committed to exploring ride share options (e.g., Uber, Lyft) for specialty mental health consumers. Across the Annual Update CPP, provider stakeholders highlighted the continuous need for HHSA to strengthen cross-system partnerships to better serve mental health consumers involved in multiple systems, specifically justice-involved consumers.





II. MHSA Program Plan Updates and PEI Evaluation Report

The following report is a consolidated report that covers both the Annual Update and PEI Evaluation Report. It provides FY 2019-20 program and service updates for the programs listed below as well as the available demographic data and performance outcomes for PEI programs .

Table 2. Current Yolo MHSA Programs/Strategies

Component	MHSA Program or Service
Community Services and Supports (CSS)	Children’s Mental Health Services: FSP, GSD, and O&E
	Pathways to Independence: FSP, GSD, and O&E
	Adult Wellness Alternatives: ACT/AOT, FSP, GSD, Wellness Center, and O&E
	Older Adult Outreach & Assessment: FSP, GSD, and O&E
	Adult Residential Treatment Center
	Community-Based Drop-In Navigation Centers
	Peer and Family Member-Led Support Services
Prevention and Early Intervention (PEI)	Early Childhood Mental Health Access & Linkage
	School Based Access & Linkage: Rural and Urban
	TAY Wellness Center Services
	School Based Mentorship/Strengths Building Program: Rural and Urban
	Senior Peer Counseling
	Youth Early Intervention Program
	Early Signs Training and Assistance
	Crisis Intervention Training
	TAY Speakers’ Bureau
	Integrated Behavioral Health Services (IBHS) for Latino Community and Families: Latino Outreach/Mental Health Promotores Program
LGBT+ Initiative	
Innovation (INN) Projects	First Responders Initiative
Workforce, Education, Training (WET)	Mental Health Professional Development
	Clinical Internship Program
	Peer Workforce Development Workgroup
Capital Facilities & Technological Needs (CFTN)	Acquisition and Rehabilitation of the Adult Residential Treatment Facility

ACT: Assertive Community Treatment
AOT: Assisted Outpatient Treatment

FSP: Full Service Partnership
GSD: General System Development

O&E: Outreach and Engagement





CSS: Children’s Mental Health Services: O/E, GSD, FSP

Program Overview

Component	Community Services and Supports (CSS)			
Status:	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuing	<input type="checkbox"/> Modification	
Target Population:	<input checked="" type="checkbox"/> Children Ages 0 – 15	<input type="checkbox"/> Transitional Age Youth Ages 16 – 25	<input type="checkbox"/> Adult Ages 26 – 59	<input type="checkbox"/> Older Adult Ages 60+

Program Description

The Child, Youth and Family Branch’s Mental Health (CYF-MH) program provides a comprehensive blend of Outreach and Engagement (O & E), General Systems of Development (GSD), and Full Service Partnership (FSP) services for children 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 up to age 17 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 countywide and include specific outreach into rural areas of the county where a disproportionate number of Yolo County residents are English learners and experience poverty. This program is provided by Yolo County HHS with an FSP program contracted out to Turning Point Community Programs.

Performance Measurements

<i>1. How much did we do?</i>	<ul style="list-style-type: none"> • Total Full-time equivalent (FTEs): Managers/Supervisors, Clinicians, Office Support Specialist, and Outreach Specialist • # of open and authorized consumers • # of intakes • # of discharges • # of discharges to a lower level of care • # of referrals received • # of consumers meeting ICC or IHBS criteria • # of consumers served who are non-English speakers
<i>2. How well did we do?</i>	<ul style="list-style-type: none"> • % of consumers who received an intake assessment within 14 days of referral • # of consumers per clinician • # of days to successful discharge (quarterly average) • % of ICC and IHBS eligible consumers with facilitated CFT every 90 days • % of consumers who received their first clinical appointment within 7 days post-psychiatric hospitalization • % of consumers who received their first psychiatric follow-up within 30 days post-psychiatric hospitalization
<i>3. Is anyone better off?</i>	<ul style="list-style-type: none"> • # of consumers with decrease in number of items needing action on Child Behavioral/Emotional Needs section of CANS assessment from intake to discharge • % of consumers with decrease in number of items needing action on Child Behavioral/Emotional Needs section of CANS assessment from intake to discharge





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- # of consumers with decrease in number of items needing action on Life Domain Functioning section of CANS assessment from intake to discharge
- % of consumers with decrease in number of items needing action on Life Domain Functioning section of CANS assessment from intake to discharge
- # of consumers with decrease in number of items needing action on Caregiver Resources and Needs section of CANS assessment from intake to discharge
- % of consumers with decrease in number of items needing action on Caregiver Resources and Needs section of CANS assessment from intake to discharge
- # of consumers who remained in their home (without jail or psychiatric hospital admissions) or maintained foster home placement
- % of consumers who remained in their home (without jail or psychiatric hospital admissions) or maintained foster home placement

Key Activities

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

- Conducting outreach and engagement services to identify children and families who are in need of mental health services that are culturally relevant and gender responsive.
- Providing intensive support services to children classified as FSP and their families, including individual and family therapy.
- Providing community-based service provision available at the child or youth's home, schools, primary care clinics, and community programs.
- Delivering mobile services, including assessment, treatment, and Telepsychiatry, to reach children and their families who cannot access Yolo HHS in Woodland or other services as a result of barriers to access (rural, transportation difficulties, etc.) or other disabilities.
- Providing navigation and linkages to families in need of resources in the community for mental health services through a Family Partner.
- Collaborating with the County's school districts to provide mental health services to children identified as in-need, and/or to provide information and referrals to families.
- Coordinating with urban and rural CBOs to provide PEI services to children and youth identified as at-risk for developing more serious emotional issues or manifesting signs of mental illness.
- Mentoring youth and children.
- Operating a 24-hour crisis phone line and referral to crisis services and supports.
- Providing children and families with appropriate benefits assistance, including Social Security Disability Insurance or Supplemental Security Income, Medi-Cal or Medicare, as well as referrals to advocacy services. Educating children, youth, and their families or other caregivers regarding mental health diagnosis and assessment, medications, services and supports planning, treatment modalities, and other information related to mental health services and the needs of children and youth.
- Providing integrated physical and mental health services, which includes co-location and/or collaboration with primary care clinics or other health care sites and providers.
- Providing transportation for children, youth, and their families to and from mental health appointments at Yolo HHS and other services.





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- Referring and linking consumers to other community-based providers for other needed social services and primary care.

Program Updates FY 2018-19

IMPLEMENTATION STATUS

The FSP component of the program was fully implemented the entire fiscal year. The objectives of the CYF-MH program were met with ongoing revisions due to changes in requirements from the State regarding children's mental health programs.

SUCCESS & CHALLENGES

The CYF-MH accomplished numerous activities that strengthened their service provision and capacity. Such activities include the development of a referral system with Child Welfare Services, obtaining a grant to fund an Access Crisis position, and managing all access and referral's for HHSA children's providers. The team also increased collaboration with schools, coordination with PEI providers, and provision of trainings for community members and other agencies. The FSP program experienced many successes including the engagement of a Spanish speaking clinician with all families, youth, or caregivers who identified Spanish as their preferred language. The family advocate of the FSP program also facilitates a monthly support group for all interested caregivers where participants select topics with focus on the support and needs of caregivers.

The closure of Yolo Family Services Agency (YFSA), a local provider, affected the CYF-MH program. However, services were continued with the support of three local providers. The program also cited a fluctuation of referrals due to a continued misunderstanding of appropriateness of referrals for the Bridges FSP.

PROJECTIONS FOR FY 2019-20

CYF-MH will continue to track RBA and conduct performance measurement. The program anticipates no changes to its services and activities.

Estimated individuals to be served (FSP): 25

Estimated individuals to be served (GSD): 60-70



CSS: Pathways to Independence

Program Overview

Component	Community Services and Supports (CSS)			
Status:	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuing	<input type="checkbox"/> Modification	
Target Population:	<input type="checkbox"/> Children Ages 0 – 15	<input checked="" type="checkbox"/> Transitional Age Youth Ages 16 – 25	<input type="checkbox"/> Adult Ages 26 – 59	<input type="checkbox"/> Older Adult Ages 60+

Program Description

The Pathways to Independence Program provides Outreach and Engagement (O&E), General Systems Development (GSD), and Full Service Partnership (FSP) services for youth ages 16-25 with severe emotional disturbance and/or SMI who meet medical necessity for county mental health services. This includes youth experiencing homelessness or at serious risk for homelessness, emancipating from the foster care system or juvenile hall, involved with or at risk of involvement with the criminal or juvenile justice system, or experiencing a first episode of SMI.

Performance Measurements

Yolo HHS has not yet created outcome measures for this program.

Key Activities

Key activities of Pathways to Independence Program services will support outcomes around improving service utilization, mental health wellness, personal social and community stability, and connection to other services by:

- Provide intensive support services and case management to TAY identified as FSP, including individual therapy and other collateral support, when needed.
- Develop integrated service plans that identify needs in the areas of mental health, physical health, education, job training, employment, housing, socialization, independent living skills, and funding options.
- Provide seamless linkages between the children/youth mental health system and the adult mental health system as appropriate.
- Provide medication management services and nursing support.
- Provide TAY FSP with appropriate benefits assistance to enroll in entitlement programs for which they are eligible and to facilitate emancipation including Social Security Disability Insurance, Supplemental Security Income, and Medi-Cal.
- Assist TAY with location-appropriate affordable housing in the community, including permanent affordable housing with combined supports for independent living.
- Provide life skills development to promote healthy independent living.
- Assist TAY with developing employment-related readiness skills and with seeking employment.
- Support TAY to graduate high school and pursue college or vocational school.
- Provide referrals and navigation support for substance abuse treatment services, when needed.
- Provide rehabilitative wellness programs, services, group support, and age-appropriate socialization activities at the TAY Wellness Center in Davis.





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- Transport TAY consumers to and from appointments or the TAY Wellness Center in Davis and support in helping TAY obtain a driver's license when appropriate.
- Provide services to support families of TAY consumers during this period.
- Educate youth and their families or other caregivers regarding mental health diagnosis and assessment, medications, services and supports planning, treatment modalities, and other information related to mental health services and the needs of TAY.

Program Updates FY 2018-19

IMPLEMENTATION STATUS

The Pathways to Independence Program was implemented with progress made to implement its' key activities.

SUCCESS & CHALLENGES

Staffing was identified as both a success and challenge for the Pathways to Independence Program. The program is continuing to hire and has assigned two (2) staff as of October 2018. The opening of the Davis Wellness Center and the onboarding of new staff in FY 2018-19 allowed the program to support more TAY consumers who are at risk of needing higher levels of care.

PROJECTIONS FOR FY 2019-20

Key activities of the program in FY 2019-20 include delivering FSP services to fidelity and expanding community resources for TAY. Additionally, the Pathways to Independence Program will continue to use a youth-driven model to increase the number of services provided and consumer caseload.

Estimated individuals to be served (FSP): 20



CSS: Adult Wellness Alternatives

Program Overview

Component	Community Services and Supports (CSS)			
Status:	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuing	<input type="checkbox"/> Modification	
Target Population:	<input type="checkbox"/> Children Ages 0 – 15	<input type="checkbox"/> Transitional Age Youth Ages 16 – 25	<input checked="" type="checkbox"/> Adult Ages 26 – 59	<input type="checkbox"/> Older Adult Ages 60+

Program Description

The Adult Wellness Alternatives Program provides Outreach and Engagement (O&E), General Systems Development (GSD), and Full Service Partnership (FSP) services for adults with SMI who meet medical necessity for county mental health services. This program serves Yolo County adults ages 26-59 who are unlikely to maintain health/recovery and maximal independence in the absence of ongoing intensive services. The primary focus is to meet the mental health treatment needs of unserved, underserved, and inappropriately served adults in Yolo County with the highest level of mental health needs.

Program features include opportunities to access housing, self-help programs, employment supports, family involvement, substance abuse treatment, assistance with criminal court proceedings, and crisis stabilization assistance, thereby offering several alternatives to support the individual consumer's prospects for wellness and recovery. Services at all levels are delivered mainly in the Wellness Centers, where consumers can gather and access an array of consumer-driven services and social/recreational programming. FSP includes a generalized program and two specialized programs: Assertive Community Treatment (ACT) and Assisted Outpatient Treatment (AOT). ACT serves FSP consumers at the highest level of need with strong fidelity to the evidence-based ACT model, while AOT, also referred to as Laura's Law, serves court-mandated consumers who are unable to accept voluntary treatment and are at continued risk of harm. Both specialized programs are delivered by Turning Point, a community organization, while all other Adult Wellness Alternatives programs are delivered by HHS. Through Yolo County's Wellness Centers programming, consumers have the opportunity to engage in culturally competent consumer education, vocational skills, life skills development, socialization, wellness, and recovery. Wellness Centers provide strong access to case management, psychiatry, and the continuum of services across the county.

Performance Measurements

<i>1. How much did we do?</i>	<ul style="list-style-type: none"> • Staff by classification • Consumers
<i>2. How well did we do?</i>	<ul style="list-style-type: none"> • Timeliness: rate of first Specialty MH Service provided within 7 and 30 days following discharge from an acute psychiatric inpatient episode
<i>3. Is anyone better off?</i>	<ul style="list-style-type: none"> • # of days consumers experience homelessness • # of days consumers experience incarceration • # of days consumers experience psychiatric hospitalization



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Key Activities

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

- Conducting strengths-based integrated assessments that comprehensively examine mental health, social, physical health and substance abuse trauma, focusing on consumer/family member engagement.
- Providing intensive support services and case management to homeless and impoverished adults identified as FSP, including individual therapy and collateral support where needed.
- Providing Assertive Community Treatment (ACT) for consumers at the highest level of need who have experienced repeated hospitalizations and/or have a history of placement in an Institute for Mental Disease (IMD).
- Providing Assisted Outpatient Treatment (AOT) to court-mandated consumers unable to accept voluntary treatment and are at continued risk of harm.
- Providing medication management services and nursing support.
- Providing adults with appropriate benefits assistance, including Social Security Disability Insurance or Supplemental Security Income, Medi-Cal or Medicare applications, as well as referrals to advocacy services.
- Conducting outreach services to persons who are homeless or at risk of homelessness with persistent and non-threatening outreach and engagement services.
- Assisting homeless adults and adults without stable housing by locating appropriate, safe, and affordable housing in the community.
- Providing referrals and navigation support for substance abuse treatment services, when needed.
- Providing opportunities for consumers to socialize and learn alongside consumers from neighboring counties.
- Providing supportive living services to maintain housing.
- Promoting self-care and healthy nutrition.
- Providing transportation to and from appointments or the Wellness Centers.
- Assisting interested adults to find employment and volunteer experiences to enhance their integration in the community.
- Promoting pro-social activities, including creative or artistic expression as related to self-care.
- Operating a 24-hour crisis phone line and referring to crisis services and supports.
- Providing resources and information on skills for daily living.
- Providing programs, services, group support, and socialization activities at the Wellness Centers.
- Providing navigation and linkages to adults in need of resources in the County or community for mental health services through a Peer Support Specialist or Outreach Specialist.
- Referring and linking consumers to other community-based providers for other social services and primary care.
- Delivering mobile services, including assessment, treatment, and Telepsychiatry, to reach adults who cannot access Yolo HHS or other services as a result of barriers to access (rural, transportation difficulties, etc.) or other disabilities.

Program Updates FY 2018-19

IMPLEMENTATION STATUS

The Adult Wellness Alternatives program was implemented with progress made to achieve its objectives.





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SUCCESS & CHALLENGES

The Adult Wellness Alternatives program hired an additional case manager to staff the new Woodland-based permanent supportive housing program and developed a COMPASS (navigation) team to assess conserved consumers for the appropriate level of care on a regular basis. In addition to increasing its capacity, the program established a process for a step-down model to ensure consumers experience an appropriate continuum of care. Other key successes include creating opportunities for increased flex funding to support emerging needs of consumers, and overall improving the FSP team responsiveness to community while providing timely services. The ACT/AOT component of the program successfully implemented the use of the Housing First model and identified a decrease in the days of homelessness among their consumers. While consumers in the ACT/AOT program experienced a decrease in homelessness, there was an increase in hospitalization days. Furthermore, they identified discharge planning as an ongoing challenge.

PROJECTIONS FOR FY 2019-20

The General System Development (GSD) and FSP components of the Adult Wellness Alternatives Program expect to improve and streamline the process in which staff access flex funding for addressing emergent consumer needs. Furthermore, the SD and FSP components plan to increase and share staffing across teams in FY 2019-20 to minimize consumer barriers in receiving services. The ACT/AOT team is working towards strengthening their intervention strategies to reduce the number of hospitalization days and improve the discharge planning process with partners. Overall, the ACT/AOT program expects outcomes for consumers (number of days hospitalized, number of days incarcerated, and number of days homeless) to improve through targeted interventions and consistent communication with teams and partners. The Adult Wellness Alternatives program does not anticipate any changes to its programs and services in FY 2019-20.

Estimated individuals to be served (FSP): 48

Estimated individuals to be served (GSD): To be determined



CSS: Older Adult Outreach and Assessment

Program Overview

Component	Community Services and Supports (CSS)			
Status:	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuing	<input type="checkbox"/> Modification	
Target Population:	<input type="checkbox"/> Children Ages 0 – 15	<input type="checkbox"/> Transitional Age Youth Ages 16 – 25	<input type="checkbox"/> Adult Ages 26 – 59	<input checked="" type="checkbox"/> Older Adult Ages 60+

Program Description

The Older Adult Outreach and Assessment Program provides a blend of Full Service Partnership (FSP), General System Development (GSD), Outreach and Engagement (O&E) services, and necessary assessments for seniors with mental health issues who are at-risk of losing their independence or of institutionalization. This program serves Yolo County older adults ages 60 years and older who may also have underlying medical and/or co-occurring substance abuse problems or be experiencing the onset of mental illness. This program includes case management, psychiatric services, as well as a continuum of services across the County. Additionally, the program coordinates services with the Older Adult Senior Peer Counselor Volunteers PEI Program, as well as integrating the Telepsychiatry program, with the goal of providing a continuum of care services to older adults.

Performance Measurements

Yolo HHSA has not yet created outcome measures for this program.

Key Activities

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

- Conducting strengths-based integrated assessments that comprehensively examine mental health, social, physical health and substance abuse trauma, focusing on consumer/family member engagement.
- Providing intensive support services and case management to older adults classified as FSP, including individual and family therapy, medication management, nursing support, and linkages to other services.
- Educating consumers and families or other caregivers regarding mental health diagnosis and assessment, psychotropic medications and their expected benefits and side effects, services and supports planning, treatment modalities, and other information related to mental health services and the needs of older adults.
- Assisting with transportation to and from key medical, psychiatric, and benefits-related appointments.
- Conducting outreach services for persons who are homeless, at risk of homelessness, and still in their homes that involve persistent, non-threatening, outreach and engagement services through service providers or Senior Peer Counselor volunteers.
- Promoting positive contact with family members.
- Assisting families to deal with mental decline of an elder.
- Coordinating with the co-located HHSA Adult Protective Services (APS) staff.
- Coordinating with the Public Guardian’s Office regarding conservatorship of consumers no longer capable of self-care.





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- Coordinating with local multidisciplinary alliances to identify and assist older adults in need of mental health treatment.
- Coordinating with assisted living opportunities to provide a smooth transition, when needed.
- Coordinating with the Senior Peer Counselor Volunteer Program to match volunteers with seniors to prevent social isolation and to promote community living, when desired.
- Providing clinical support to Senior Peer Counselor Volunteers, who report on consumer status.
- Training volunteers and staff on addressing suicidality among older adults, especially males who are at higher risk.
- Assisting with maintaining healthy independent living, while avoiding social isolation.
- Assisting older adults with SMI to locate and maintain safe and affordable housing.
- Providing older adults with appropriate benefits assistance, including Social Security Disability Insurance or Supplemental Security Income, Medi-Cal or Medicare, as well as referrals to advocacy services. Operating a 24-hour crisis phone line and refer to crisis services and supports.
- Referring and linking consumers to other community-based providers for other needed social services and primary care.
- Delivering mobile services, including assessment, and treatment, to reach older adults who cannot access Yolo HHS in Woodland or other services as a result of barriers to access (rural, transportation difficulties, etc.) or other disabilities.

Program Updates FY 2018-19

IMPLEMENTATION STATUS

The Older Adult Outreach and Assessment program was implemented with progress made to implement its key activities.

SUCCESS & CHALLENGES

The Older Adult Outreach and Assessment program implemented several strategies in FY 2018-19 to improve outcomes for consumers including applying an integrated team approach towards service provision and facilitating effective collaboration with other agencies and providers. The program experienced staffing issues with the loss of a clinician and supervisor. The program also saw a loss of county vehicles used to transport consumers to and from services. Although the program hired a new clinician and has a supervisor in place, it was not able to replace county vehicles in a timely way, resulting in delays to use rental cars. The Older Adult Outreach and Assessment program also noted high consumer caseloads as a challenge. They are currently implementing a process to assess appropriate level of care.

PROJECTIONS FOR FY 2019-20

For FY 2019-20, Older Adult Outreach and Assessment is focusing on improving interventions, increasing resources, and increasing integration with the Adult Wellness Alternatives team in order to achieve improved consumer outcomes.

Estimated individuals to be served (FSP): 25

Estimated individuals to be served (GSD): 40



CSS: Adult Residential Treatment Center

Program Overview

Component					Community Services and Supports				
Status:		<input checked="" type="checkbox"/> New		<input type="checkbox"/> Continuing		<input type="checkbox"/> Modification			
Target Population:		<input type="checkbox"/> Children Ages 0 – 15		<input checked="" type="checkbox"/> Transitional Age Youth Ages 16-25		<input checked="" type="checkbox"/> Adult Ages 26 – 59		<input checked="" type="checkbox"/> Older Adult Ages 60+	

Program Description

Yolo County plans to develop a mental health adult residential treatment (ART) facility to support people transitioning back to the community from institutional placements (i.e., IMD/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 SMI who are at risk of or transitioning from IMD/MHRC placement. The expected length of stay will be a maximum of 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.

Performance Measurements

Yolo HHS has not yet created outcome measures for this program.

Key Activities

Key activities of the Adult Residential Treatment Center will support outcomes around improved mental health recovery, wellness, personal social and community stability, and connection to other services by:

- Providing a community-based residential treatment alternative for adults at risk of IMD/MHRC placement.
- Providing psychosocial and clinical services to adults with SMI who are at risk of or transitioning from IMD/MHRC placement.
- Incorporating a safe and supportive, supervised recovery-oriented environment for adults who do not require a secure treatment setting to stabilize for up to 18 months.
- Providing consumer, family, and group treatment for mental health and co-occurring disorders while using evidence-based practices and implementing quality assurance practices.

Program Updates FY 2018-19

IMPLEMENTATION STATUS

The program has not been implemented.





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SUCCESS & CHALLENGES

As mentioned in the needs assessment section, HHSA has experienced challenges identifying a location for the center due to community concerns and resistance. This has caused a delay in the development and implementation of this program.

PROJECTIONS FOR FY 2019-20

For FY 2019-20, Yolo HHSA will work with the community towards identifying a location suitable for the adult residential treatment center.

Estimated individuals to be served: Less than 16

DRAFT



CSS: Community-Based Drop-in Navigation Center

Program Overview

Component	Community Services and Supports		
Status:	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuing	<input type="checkbox"/> Modification
Target Population:	<input type="checkbox"/> Children/Youth Ages 0 – 17	<input checked="" type="checkbox"/> Young Adults/Adults Ages 18 – 59	<input checked="" type="checkbox"/> Older Adult Ages 60+

Program Description

A Community-Based Drop-In Navigation 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.

Performance Measurements

Yolo HHS has not yet created outcome measures for this program.

Key Activities

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

- Ensuring a seamless system of mental health engagement, assessment, treatment, and navigation, especially for those individuals who may not otherwise receive treatment through Yolo County’s Wellness Alternatives for Adult Consumers program.
- Conducting strengths-based and consumer-driven motivational interviews to support consumers to meet their personal goals and maintain strong mental health.
- Providing support services and Stages of Change-based case management, including service linkages when desired and appropriate.
- Partnering with consumers to secure benefits for which they may be eligible including SSI or other financial and income assistance programs such as Medi-Cal and Medicare.
- Addressing the gap in housing awareness and accessibility by providing coordination of housing openings in Yolo County for consumers, improving access to the identified available openings and increasing retention of housing once it is obtained.
- Providing referrals and navigation support for substance abuse treatment services, when needed.
- Providing opportunities for consumers to socialize together.
- Promoting prosocial activities, including creative or artistic expression as related to self-care.



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- Promoting self-care and healthy nutrition.

Program Updates FY 2018-19

IMPLEMENTATION STATUS

The Community-Based Drop-In Navigation Center program is partially implemented and achieving its initial objectives. Following the response for proposal (RFP) and subsequent award to Communicare Health Centers, a contract has been executed and the program staff have mostly been hired and oriented. Because the planned site for the center is still in development, the Navigation staff are working out of the 3 County HHSA locations, including several days per week in Davis, the primary target location for the center.

SUCCESS & CHALLENGES

Key Successes include staff hiring and subsequent training in specialty mental health triage, assessments and documentation; 5150 mental health hold certification; Level of Care Utilization System (LOCUS); Motivational Interviewing; and American Society of Addiction Medicine (ASAM) screening for substance use disorder level of care determinations. In addition, key staff are participating as ongoing partners with HHSA staff on Access and Authorization reviews to assure coordination of care and standardized documentation. Finally, Navigation leads continue to participate in community outreach and engagement meetings with key stakeholders towards assuring a strong collaborative relationship with neighbors at the upcoming center location in Davis.

A primary barrier identified by the program has been the delayed acquiring of the planned Davis location for the services. This has been addressed by placing Navigation staff in the existing County program locations, and in Davis specifically. This strategy is expanding access to services at that location.

PROJECTIONS FOR FY 2019-20

The Community-Based Drop-In Navigation Center anticipates to locate and fully launch all programs and services at a Davis site in FY 2019-20. It does not anticipate any changes to service provision and activities aside from expanding capacity.

Estimated individuals to be served: To be determined



CSS: Peer and Family Member-Led Support Services

Program Overview

Component	Community Services and Supports (CSS)			
Status:	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuing	<input type="checkbox"/> Modification	
Target Population:	<input type="checkbox"/> Children Ages 0 – 15	<input type="checkbox"/> Transitional Age Youth Ages 16 – 25	<input checked="" type="checkbox"/> Adult Ages 26 – 59	<input checked="" type="checkbox"/> Older Adult Ages 60+

Program Description

Peer and Family Member-Led Support Services are psychoeducation 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- 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.

Performance Measurements

<i>1. How much did we do?</i>	<ul style="list-style-type: none"> # of staff
<i>2. How well did we do?</i>	<ul style="list-style-type: none"> Attendees for Peer to Peer Educational Classes Attendees for Family Educational Classes Attendees for In Our Own Voice Presentations Participants served by NAMI support groups
<i>3. Is anyone better off?</i>	<ul style="list-style-type: none"> % of participants of Peer to Peer educational classes reported an increase in management of stress symptoms % of participants of Family educational classes reported an increased understanding of mental health symptoms (Basic and Family to Family exit surveys) % of community members reported an increase in understanding of mental health symptoms and how to recognize, after participation in an In Your Own Voice presentation % of participants of Peer to Peer educational classes reporting an increase in the ability to recognize the signs and symptoms of mental illness % of participants of Family educational classes reported an increase in knowledge of mental health symptoms (Basics and Family to Family exit surveys)



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- % of community members reported an increase in knowledge of mental health symptoms after participation in an In Our Own Voice presentation
- % of participants of Peer-to-Peer educational classes reporting an increased ability to access community resources and services
- % of survey respondents who attended NAMI support groups reporting an increased ability to access community resources and services
- % of participants in Family educational classes reporting increased support

Key Activities

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

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

Program Updates FY 2018-19

IMPLEMENTATION STATUS

The program was implemented with progress made to achieve its objectives.

SUCCESS & CHALLENGES

Peer and Family Member-Led Support Services experienced many successes in FY 2018-19. A key success is the increase of trainings completed and certifications attained by teachers. Through this, more courses are available for peers and family members. Additionally, the program gained two new peers and one new two-person peer team.

The Peer and Family Member-Led Support Services cited challenges related to training schedules as well as the identification and attainment of a West Sacramento site that is consistently available for support groups. Lastly, Peer and Family Member-Led Support Services shared it is difficult to recruit peers for the Peer to Peer program who are qualified to train and are stable in their recovery. Before a peer can become a mentor, they must commit to leading two 10-session classes.

PROJECTIONS FOR FY 2019-20

Peer and Family Member-Led Support Services will offer Family Education Basics classes in the winter and will assess if there is a need for a second class in the Spring/Summer or hold a Basics class for Professionals. Family to Family classes will also be available in the spring and the program anticipates increasing attendance of this class to at least 15 family members. In addition to continuing to offer Peer to Peer classes, Peer and Family Member-Led Support Services will explore the possibility of partnering with NAMI Sacramento to support newly trained mentors. Lastly, this service program will implement a new Senior Support Service Group and Spanish-Speaking Service group in this coming year.

Estimated individuals to be served: To be determined





Prevention and Early Intervention (PEI) Evaluation Report

Overview

Through MHSA, Yolo County HHS funds a variety of Prevention and Early Intervention (PEI) programs and services during FY 2019-20. With a focus on underserved communities, the primary goals of PEI programs and services are to raise awareness about mental health, address mental health stigma, and increase access to services. PEI builds capacity for the provision of prevention and early intervention services in community-based settings where mental health services are not traditionally provided (e.g., community-based organizations, schools, ethnic-specific cultural centers and health providers).

The goal of the evaluation was to understand who is being reached by key MHSA-funded services and what the impact of services has been. This PEI evaluation report does not include program and service outcomes due to data capacity limitations as described in the *Implementation Plan* section below. Please note the evaluation report is embedded within the annual update as an effort to streamline program report backs.

State PEI Regulations

In October 2015, the State of California released revised PEI regulations for Fiscal Year 2016-17 and onwards specific to program categories and strategies that counties must employ. The six regulatory approaches for PEI programs and services are highlighted in Figure 6. In October 2017, the State of California implemented new MHSA state regulations around the collection and reporting of PEI demographic and program data. The collection of state-defined demographic data includes the following:

- ❖ Age category
- ❖ Race
- ❖ Ethnicity
- ❖ Primary language
- ❖ Gender assigned at birth
- ❖ Current gender identity
- ❖ Sexual orientation
- ❖ Veteran's status
- ❖ Disabilities

In addition to the collection of demographic data, the new regulations require reporting on specific process and outcome metrics associated with the programs and services listed in the table on the following page.



Table 3. MHSA Required Program/Strategy Metrics

Process and Outcome Metrics	
Unduplicated number of individuals/families served	Reduced mental illness risk factors and/or increased protective factors
Number and types of referrals to treatment/other services, and timely follow-through on referrals	Changes in attitudes, knowledge, and behaviors related to mental illness and help seeking
Reduced symptoms of mental illness	Improved mental, emotional, and relational functioning

Implementation Plan

Yolo County implemented a plan to track, collect, and report PEI evaluation data in 2018. Prior to this time, Yolo County used the Results Based Accountability (RBA) framework to evaluate programs. The RBA framework was implemented by HHS as a pilot in 2015. Yolo County has named the RBA framework implementation Yolo Performance. Yolo Performance assisted the organization to move beyond quantity (input) and quality (efficiency/timeliness) measures, to outcome measures that reflect the impact of programs. Yolo Performance has matured since the pilot in 2015. In 2017-2018, each HHS department was tasked to develop measures for one of their significant programs. A Yolo Performance Work Group was also established to aid, guide, and drive the effort. Since 2018, Yolo County has blended the guidance from the revised PEI regulations for 2016-2017 and the RBA framework to evaluate programs.

Challenges

Yolo County experienced significant changes since the revised PEI regulations for Fiscal Year 2016-2017. In 2017 the MHSA Coordinator retired which impacted the progress meeting all the revised regulations, including the requirement to have selected indicators for PEI programs. A formal system to collect demographic and referral information began in Winter of 2018. The system had a phased roll out which began in Quarter 3 of 2017-2018. The consequence is data submitted prior to Quarter 3 of 2017-2018 is inconsistent with the system put in place after Quarter 3 of 2017-2018. Additionally, though Quarter 3 saw the implementation of the phased data collection process, it wasn't until Quarter 4 of 2017-2018 that the system began tracking, collecting, and reporting Screening and Referrals.

Yolo County PEI program providers, both internal and external, required significant training on the data collection tools. After training was conducted, the tools were rolled out to be used. Since Quarter 3, tools were tested and enhanced based on provider feedback. There were enhancements to the tools through the 2017-2018 fiscal year. Due these enhancements, several metrics may appear to be inconsistent from quarter to quarter. Also, it is important to note some of the provider feedback. Providers reported significant challenges and struggles to collect data on untreated mental illness and referrals to treatment. Providers were uncomfortable with collecting self-determined reduction in symptoms and or improved recovery. Providers also shared challenges in collecting information on numbers of individuals who followed through on referrals. Yolo County does not currently have the infrastructure to collect this





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information through an electronic system. There is a reliance on self-report data which is hard to track. Yolo County is working through strategic plan efforts to integrate agency branches. This multi-year effort has impacted policy and procedure development, fiscal operations, and organizational structure. Though these areas have been impacted, positive progress has been made.

Strategies

Blending Yolo Performance and the PEI Evaluation plan is evolving. Reexamining the identified outcome measures for PEI Programs is planned for the next three-year plan. Yolo is also building an inventory of PEI programs cross-walked to evaluation data. Yolo has also paused enhancements of collection tools to gather consistent data. Ongoing provider meetings are planned to address and identify best practices for data collection. Lastly, an MHSA Workgroup has formed to support defining what to measure for each MHSA program.



Figure 6. Description of PEI Components

<p>Prevention</p>	<p>Reduce risk for developing a potentially SMI and to build protective factors. Activities can include universal prevention strategies geared towards populations who may be more at risk of developing SMI.</p> <p>Yolo County Programs/Strategies: <i>Youth Early Intervention Program</i></p>
<p>Early Intervention</p>	<p>Treatment and interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence with a goal to lessen the severity and duration of mental illness.</p> <p>Yolo County Programs/Strategies: <i>School Based Mentorship/Strengths Building Program, Senior Peer Counseling</i></p>
<p>Improve Timely Access to Services for Underserved Populations</p>	<p>Track and evaluate access and referrals for services specific to populations identified as underserved.</p> <p>Yolo County Programs/Strategies: <i>Yolo County currently does not have any programs or strategies that fall under this category.</i></p>
<p>Outreach for Increasing Recognition of Early Signs of Mental Illness</p>	<p>Activities or strategies to engage, encourage, educate, and/or train potential responders about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness.</p> <p>Yolo County Programs/Strategies: <i>Early Signs Training and Assistance, Crisis Intervention Training</i></p>
<p>Access and Linkage to Treatment</p>	<p>Activities to connect children, adults and seniors with severe mental illness as early in the onset of these conditions as practicable, to medically necessary care and treatment.</p> <p>Yolo County Programs/Strategies: <i>Early Childhood Mental Health Access & Linkage, School Based Access & Linkage, TAY Wellness Centers</i></p>
<p>Stigma and Discrimination Reduction</p>	<p>Direct activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or to seeking mental health services, which can include training and education, campaigns, and web-based resources.</p> <p>Yolo County Programs/Strategies: <i>LGBT+ Initiative, TAY Speakers' Bureau, Latino Outreach/MH Promotores Program</i></p>
<p>Suicide Prevention</p>	<p>Organized activities that prevent suicide as a consequence of mental illness, which can include trainings and education, campaigns, suicide prevention networks, capacity building programs, culturally specific approaches, survivor-informed models, screening programs, suicide prevention hotlines, or web-based suicide prevention resources.</p> <p>Yolo County Programs/Strategies: <i>Yolo County currently does not have any programs or strategies that fall under this category.</i></p>



PEI: Early Signs Training and Assistance

Program Overview				
PEI Service Area:	<input type="checkbox"/> Prevention <input type="checkbox"/> Early Intervention <input type="checkbox"/> Access and Linkage to Treatment <input type="checkbox"/> Stigma and Discrimination Reduction <input type="checkbox"/> Suicide Prevention <input checked="" type="checkbox"/> Outreach for Increasing Recognition of Early Signs of Mental Illness <input type="checkbox"/> Improve Timely Access to Services for Underserved Populations			
Status:	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuing	<input type="checkbox"/> Modification	
Target Population:	<input type="checkbox"/> Children Ages 0 – 15	<input checked="" type="checkbox"/> Transitional Age Youth Ages 16 – 25	<input checked="" type="checkbox"/> Adult Ages 26 – 59	<input type="checkbox"/> Older Adult Ages 60+

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, Youth Mental Health Aid Certification and Working Minds Suicide in the Workplace. 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 with a trauma-informed approach. 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.

Early Signs project staff are committed to providing linguistically and culturally appropriate services to the best of their ability. One of their goals is to ensure providers understand what makes a safe, culturally responsive environment that consumers are willing to access through de-stigmatization and educational efforts. Program staff engage with a culturally diverse audience and present trainings with fidelity and with emphasis that help seeking and help needing behaviors look differently across race and cultures.

Early Signs community education trainings and outreach projects reach an array of individuals across the County. Through partnerships and collaborations with county agencies, community-based organizations, and educational institutions, county personnel, school administration, teachers, students, and individuals who work high skill/high stake workplace environments engage with Early Signs’ trainings and events. Program staff also participate in community outreach events and health fairs as well as community events such as Pride, the Juneteenth celebration and school fairs to increase awareness of available trainings and provide general mental health information.

In addition to providing structured trainings, Early Signs also hosts community events and workshops. For example, the program hosts a summit called Building a Resilient Yolo. In its second year, the summit offered several workshops, hosted a keynote speaker, and youth-focused activities that provided information on the subject of trauma and education on how to build resiliency.

Yolo HHSA is currently in the process of establishing formal processes in which Early Signs can reach out and engage potential responders and strategize on bringing together potential responders and public mental health service





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providers to learn together about how to identify and respond supportively to signs and symptoms of potentially serious mental illness.

Early Signs Training includes the following training programs:

1. SafeTALK

SafeTALK is a three-hour training that prepares anyone over the age of 15 how to identify people with thoughts of suicide and connect them to suicide first aid resources. SafeTALK curriculum emphasizes three main skills.

2. Mental Health First Aid and Youth Mental Health First Aid Certifications

Both Mental Health First Aid and Youth Mental Health First Aid are eight-hour courses designed to teach individuals in the community how to help someone who is developing a mental health problem or experiencing a mental health crisis. Trainees are taught about the signs and symptoms of mental illness, including anxiety, depression, psychosis, and substance use. Youth Mental Health First Aid is especially designed to teach parents, family members, caregivers, teachers, school staff, peers, neighbors, providers, and other individuals how to help adolescents experiencing mental health or substance use problems, or are in mental health crisis situations.

3. Educate, Equip, and Support: Building Hope

Building Hope is a 30-hour course completed in 10 weekly sessions, designed to educate parents and caregivers raising children and youth identified as having serious emotional disturbances. Parents and caregivers learn about several types of emotional problems and how these issues manifest differently in children and youth. Parents also learn techniques to manage the stress, grief, and depression associated with parenting children with special needs.

4. QPR

QPR (Question—Persuade—Refer), is a 90-minute suicide prevention training that reduces suicidal behaviors by training individuals to serve as gatekeepers—those in a position to recognize a crisis and the warning signs that someone may be contemplating suicide. Yolo County's MHSA Team will train anyone to be a gatekeeper—parents, friends, neighbors, teachers, ministers, doctors, nurses, office workers, caseworkers, firefighters—anyone who may be strategically positioned to recognize and refer someone at risk of suicide.

5. Working Minds Suicide in the Workplace

The training program consists of two trainings designed to help workplace administrators and employees better understand and prevent suicide. The program builds a business case for suicide prevention while promoting help-seeking and help-giving. After completing the course, trainers are able to give participants the tools to identify people at risk and respond to a crisis.

A 24-hour suicide prevention crisis line is also available for all residents of Yolo County. Trained crisis volunteers provide confidential, anonymous telephone counseling and referral information any time of day or night.



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Performance Measurements

1. How much did we do?	<ul style="list-style-type: none"> • # of individuals served by each specific crisis line # to include the following demographics of each caller: age, gender, and race/ethnicity/culture if known • # of volunteers trained annually, with demographics of age, gender and race/ethnicity/culture
2. How well did we do?	<ul style="list-style-type: none"> • # and type of referrals for other services and referral disposition if known • % of post call surveys completed
3. Is anyone better off?	<ul style="list-style-type: none"> • Track and document lethality pre- and post-measures for all calls, based on the NSPL Suicide Risk Assessment Standards

Key Activities

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

- Training community and family members to recognize the signs of persons in need of mental health support.
- Training community and family members to recognize the signs of persons who are at risk of suicide and those who are at risk of developing a mental illness.
- Promoting wellness, recovery, and resiliency.
- Training and working with families and caregivers in order to develop plans and strategies that are tailored to their family member’s need.
- Training participants to address the specific needs of certain populations, including youth.
- Offering trainings in multiple languages in order to ensure accessibility for all interested persons.
- Offering trainings to an intentionally diverse group of community members, family members, and partners, to ensure that persons are trained across a variety of populations in order to meet the needs of those in crisis and non-crisis situations.
- Offering expanded suicide hot line services to community members.
- Maintain a standard of training excellence and availability.
- Increase the number of Suicide Prevention trainings and maintain the number of MHFA trainings
- Offer more family advocacy services and trainings.

Program Updates FY 2018-19

IMPLEMENTATION STATUS

The program was implemented with great progress made to achieve its objectives.

SUCCESS & CHALLENGES

During FY 2018-19, Early Signs Project began to maximize outreach efforts, establishing new connections, partnerships, and collaborations with the community. Through these efforts, Early Signs experienced increased opportunities for trainings, workshops, and prevention/early intervention messaging. However, Early Signs experienced a loss of two linguistically diverse (Russian and Spanish) outreach specialists that were crucial to outreach of those target populations as well as a third retiring outreach specialist. Early Signs is currently looking for a part-time staff member to support any capacity issues.





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PROJECTIONS FOR FY 2019-20

Early Signs primarily reaches out and engages potential responders through word of mouth and traditional media, including the County website. However, the program is working towards defining more use of social media to increase awareness of trainings. Overall, the program aims to increase the number of Suicide Prevention trainings and maintain the number of MHFA trainings, and offer more family advocacy services and trainings. The program does not anticipate any changes to its services or trainings.

Estimated individuals to be served: 250

Consumers and Referrals

Individuals Served	471*	Prevention:	203	Early Intervention:	0
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**Due to program structure and service population target, the program does not capture unique participants but rather total participation.*

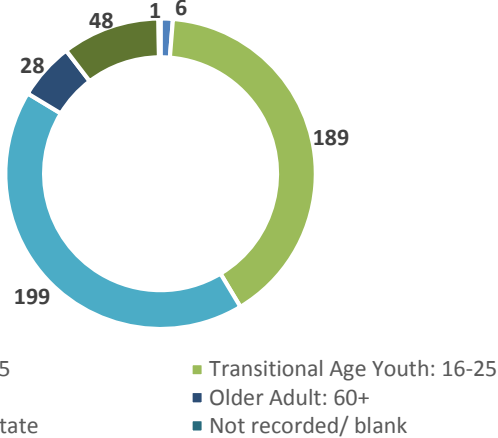
Performance Outcomes

Performance Outcome	1 st Quarter	2 nd Quarter	3 rd Quarter
<i>Youth Mental Health First Aid:</i> Percent of participants who felt more confident in reaching out to a young person who may be dealing with a mental health challenge.	N/A	100%	100%
<i>Mental Health First Aid (MHFA):</i> Percent of participants in Mental Health First Aid who felt more confident reaching out to someone dealing with a mental health problem or crisis as a result of the training.	100%	99%	100%
<i>Question Persuade Refer (QPR):</i> Percent of participants who reported an increase in knowledge about how to ask someone about suicide.	89%	97%	100%
<i>SafeTALK:</i> Percent of participants who felt prepared to talk to someone about their thoughts of suicide.	100%	86%	
<i>Educate, Equip, and Support:</i> Percent of participants who indicated a 7 or higher on the evaluation of the training topics for the course.	N/A	N/A	100%

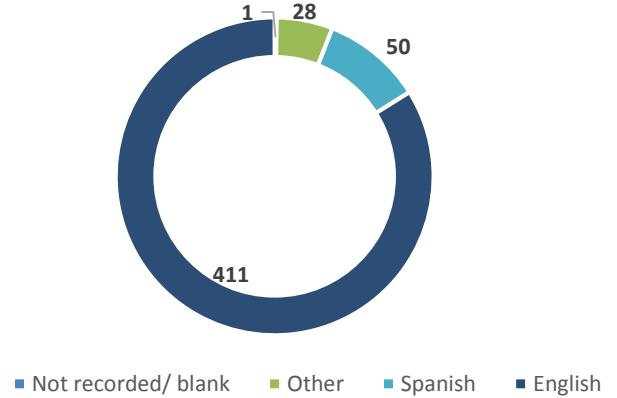


Program Demographics

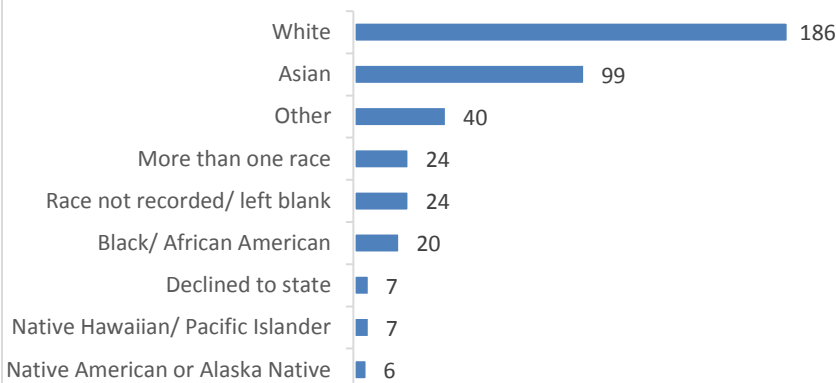
Participants Served by Age



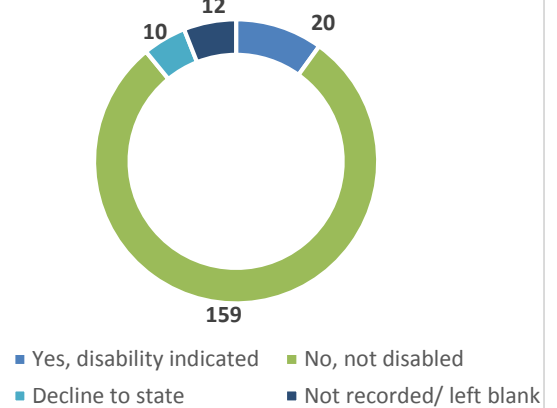
Participants Served by Preferred Language



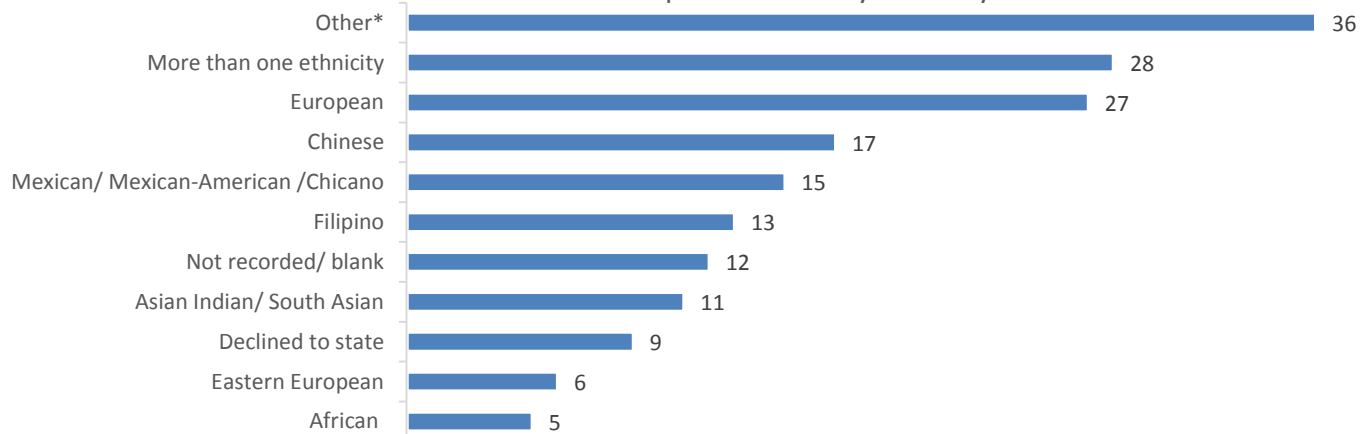
Participants Served by Race



Participants Served by Disabilities



Participants Served by Ethnicity



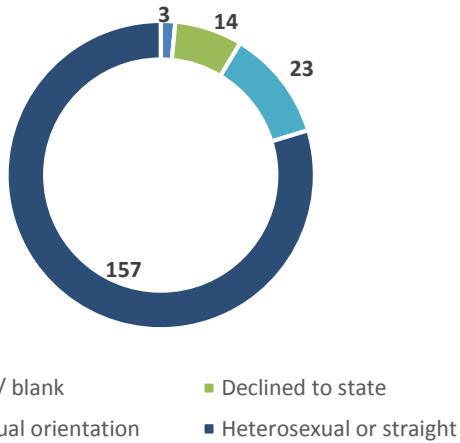
*Includes Central American, Korean, Middle Eastern, Puerto Rican, South American, Vietnamese



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Participants Served by Sexual Orientation



*Includes those that self-identify as Gay or Lesbian, Queer, Bisexual, questioning/unsure, or another sexual identity

Participants Served by Sex Assigned at Birth

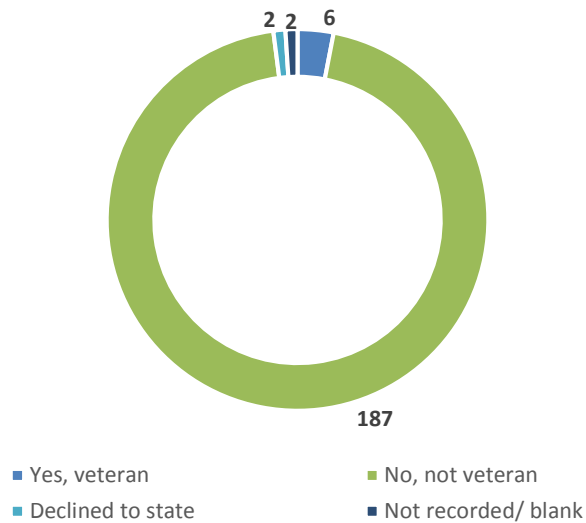
Female	151
Male	40
Declined to state	5
Not Recorded/Left Blank	1

Participants Served by Current Gender Identity

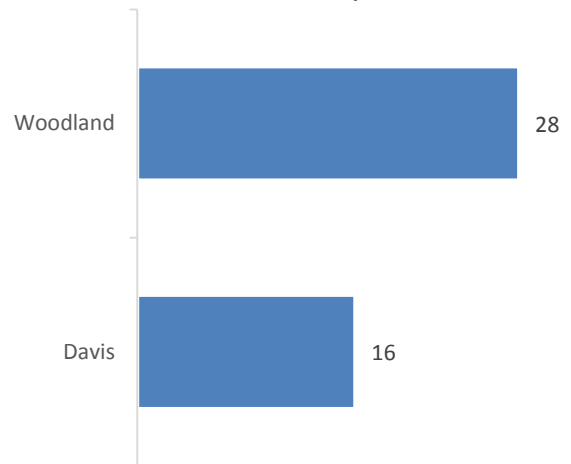
Male	108
Female	331
*Another gender identity	15
Declined to state	12
Not Recorded/Left Blank	1

*Includes those that self-identify as transgender and/or transqueer

Participants Served by Veteran Status



Participants Served by City of Residency



Course	Number of Courses	Number of Participants
Youth Mental Health First Aid (YMHFA)	1	75
Mental Health First Aid (MHFA)	6	237
Question Persuade Refer (QPR)	3	109
SafeTALK	1	50
Educate, Equip, and Support (EES)	1	6
Outreach Setting		
Cultural Organization		35
School		35





PEI: Crisis Intervention Training (CIT)

Program Overview

PEI Service Area:	<input type="checkbox"/> Prevention <input type="checkbox"/> Early Intervention <input type="checkbox"/> Access and Linkage to Treatment <input type="checkbox"/> Stigma and Discrimination Reduction <input type="checkbox"/> Suicide Prevention <input checked="" type="checkbox"/> Outreach for Increasing Recognition of Early Signs of Mental Illness <input type="checkbox"/> Improve Timely Access to Services for Underserved Populations			
	Status:	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuing	<input type="checkbox"/> Modification
Target Population:	<input type="checkbox"/> Children Ages 0 – 15	<input type="checkbox"/> Transitional Age Youth Ages 16 – 25	<input checked="" type="checkbox"/> Adult Ages 26 – 59	<input type="checkbox"/> Older Adult Ages 60+

Program Description

The Crisis Intervention Training (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 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 also provides wellness training to first responders to ensure wellness and success. The framework of the CIT curriculum focuses on identifying the stigma associated with individuals with lived experience including the homeless population. The training specifically helps first responders (i.e. law enforcement officers) how to effectively engage, refer, and follow up with those they come in contact with. Yolo HHSA partners participate in ongoing cultural competency training to continually improve their ability to work with those in both mental health crisis and non-crisis situations. Trainings are offered to law enforcement personnel and first responders to ensure that they have adequate understanding of the needs of culturally diverse populations.

Yolo HHSA is currently in the planning phase of establishing performance measurement practices and an evaluation methodology for this program that includes: demonstrating program effectiveness for its intended population; evaluating whether the program reduced negative outcomes; and ensuring fidelity to the program according to practice model/program design. Evaluation methods will reflect cultural competency.

Performance Measurements

1. How much did we do?	<ul style="list-style-type: none"> • Staff • Customers • Units of Service
2. How well did we do?	<ul style="list-style-type: none"> • % of training participants that reported satisfaction with training
3. Is anyone better off?	<ul style="list-style-type: none"> • #/% of training participants that reported an improved understanding of how to respond • Appropriately and compassionately respond to individuals and families in crisis



Key Activities

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

- Helping law enforcement personnel and first responders recognize the signs of mental illness when responding to mental health calls.
- Helping law enforcement and first responders to work with persons in crisis and non-crisis situations to receive the necessary intervention in order to promote wellness, recovery, and resiliency.
- Training law enforcement personnel and first responders to have adequate understanding of the needs of culturally diverse populations.
- Raising awareness of the community needs among law enforcement and first responders.
- Providing 1-day CIT refresher training to previously trained law enforcement and other first responders.

Program Updates FY 2018-19

IMPLEMENTATION STATUS

The program was immediately implemented and met targeted goals.

SUCCESS & CHALLENGES

One of the key successes of CIT in FY 2018-19 is its continued success in working with the Yolo County Correctional Facility to train in-custody staff. The facility’s incarcerated population has been estimated to have over 50% individuals with mental health issues; therefore, training staff on how to effectively engage with an individual experiencing a crisis is crucial to the wellbeing of both the incarcerated population and custody staff. However, attendance from smaller departments remains a challenge due to staffing limitations. With smaller agencies, sending officers for training is a barrier due the required time commitment. As such, CIT will continue to offer the class in two segments to accommodate the smaller agencies.

PROJECTIONS FOR FY 2019-20

The program expects to update the existing curriculum but does not anticipate any changes to services and activities in FY 2019-20.

Estimated individuals to be served: To be determined

Individuals Trained

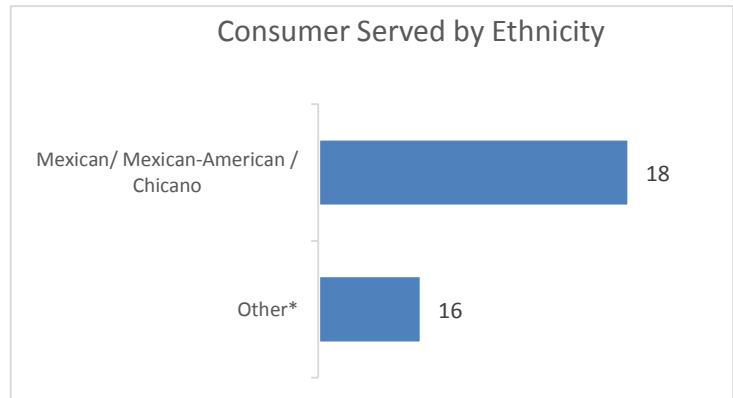
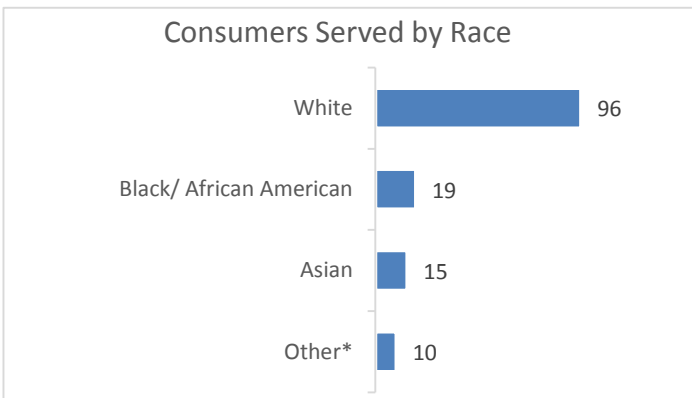
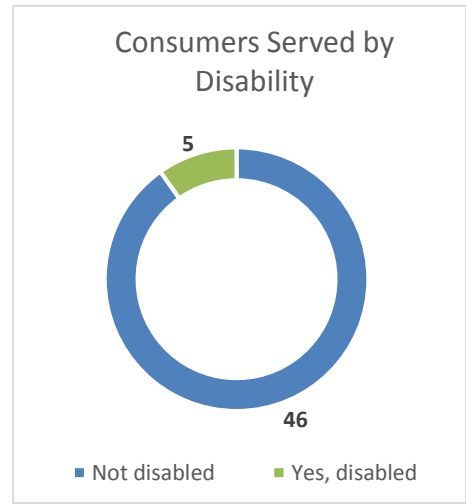
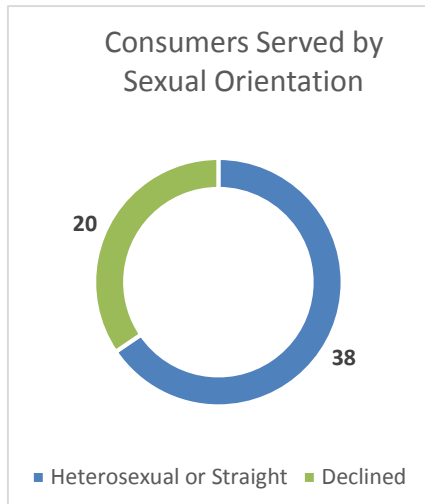
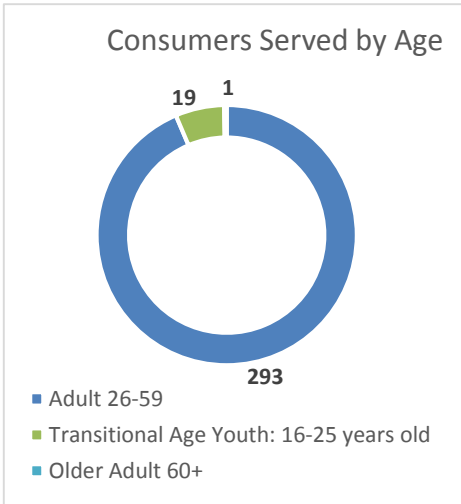
Number of Potential Responders who Participated in Trainings/Engagements:	315
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Program Demographics

Law Enforcement/First Responders Trained	
Full year	257

New Consumers	
Full year	315



*Includes Native American/ Alaskan, Native Hawaiian, and Pacific Islander.

*Includes Asian Indian/ South Asian, Chinese, and Middle Eastern.

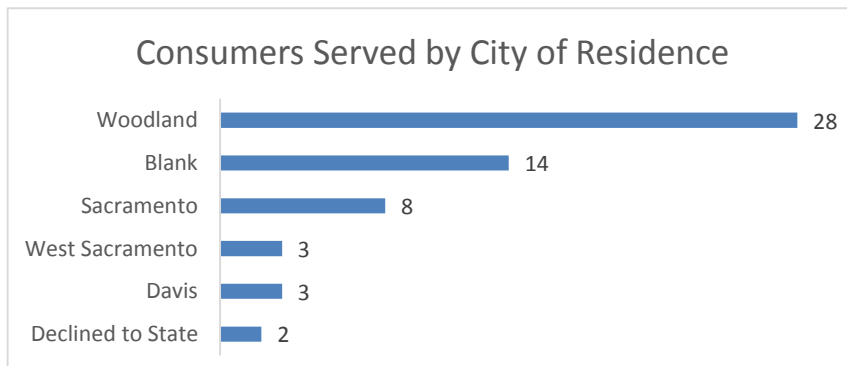


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Law Enforcement Agencies Served	Number of Participants
Cache Creek	2
California Highway Patrol (local office)	1
Davis Police Department	19
Other First Responders (EMTs, Regional Transit, Hospital Security, Tribal Security, etc.)	46
Out of County Law Enforcement Participants	55
Sacramento Police Department	6
Sacramento Sheriff's Department	1
U. C. Davis Police Department	1
Winters Police Department	9
Woodland Police Department	13
Yolo County Probation Department	9
Yolo County Sheriff's Department	152

Consumer Served by Sex Assigned at Birth	
Male	43
Female	15
Consumers Served by Current Gender Identity	
Male	345
Female	291





PEI: Early Childhood Mental Health Access & Linkage

Program Overview				
PEI Service Area:	<input type="checkbox"/> Prevention <input type="checkbox"/> Early Intervention <input checked="" type="checkbox"/> Access and Linkage to Treatment <input type="checkbox"/> Stigma and Discrimination Reduction <input type="checkbox"/> Suicide Prevention <input type="checkbox"/> Outreach for Increasing Recognition of Early Signs of Mental Illness <input type="checkbox"/> Improve Timely Access to Services for Underserved Populations			
Status:	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuing	<input type="checkbox"/> Modification	
Target Population:	<input checked="" type="checkbox"/> Children Ages 0 – 15	<input type="checkbox"/> Transitional Age Youth Ages 16 – 25	<input type="checkbox"/> Adult Ages 26 – 59	<input type="checkbox"/> Older Adult Ages 60+

Program Description

Help Me Grow Yolo County (HMGYC) 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. HMGYC program provides 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 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 address the need for early identification of behavioral concerns and to link children and their families to community-based behavioral services and supports.

HMGYC is unique in that screenings can be provided anywhere by the parent or with a staff member walking them through the screen via online or by paper copy depending on the location and internet access. Once screens are completed (in the absence of general developmental delays, which are referred for evaluation and/or resources) HMGYC staff refer and educate families on what options are available. Additionally, families complete a Patient Health Questionnaire and a Safe Environment for Every Kid (SEEK) that identifies signs of a SMI or emotional disturbance. If a child and/or caregivers survey results fall in the concern category, HMGYC staff refer the family to applicable services at the County, medical providers, and other mental health treatment services. For children referred for a psychoeducational or psychosocial evaluation, HMGYC staff follow up with the family within 30 days after the referral was made to find out if the caregiver has been contacted by the referred agency.

Lastly, HMGYC has created a partnership with Family Violence Coordination Pilot Project to help serve children and families in critical and crisis situations. HMGYC coordination with HHSA CWS has increased to make sure children in emergent situations get screened and receive the services they require. HMG also works in the rural areas of Yolo County to bring services where there are fewer resources available.

Performance Measurements	
1. How much did we do?	<ul style="list-style-type: none"> • Demographic Data Reported <ul style="list-style-type: none"> ○ # of children served, by gender, age at time of initial entry, race/ethnicity of child, culture if known, or disability (e.g., hearing impaired, seeing impaired, wheelchair bound)





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	<ul style="list-style-type: none"> • # of trainings conducted for agencies/programs (outreach) • # of trained individuals on the HMG Yolo services (parents, providers, community agencies) • Report of who contacted HMG Yolo on behalf of the child • Services to which child/family referrals were made (# and % of each) • Presenting issues (# and % of each) • # of screenings completed based on screening tools (ASQ-3, ASQ-SE, M-CHAT, SEEK) • # of medical providers participating in HMG Yolo
2. How well are we doing?	<ul style="list-style-type: none"> • # and % of how each child screened heard about/entered HMG Yolo (compare to marketing plan) • Wait time for delivery of results after screenings • # and % of subsequent screenings that are performed for children who fall into the "monitoring" category • # and % indicated on the Caregiver/Provider Satisfaction Survey as satisfied with the tools, information, skills, and supports optimal family growth • # and % of how each child screened heard about/entered HMG Yolo (compare to marketing plan)
3. Is anyone better?	<ul style="list-style-type: none"> • # and % of children successfully connected to at least one service or pending a start date due to a "concern" referral • # and % of children rescreened with an improved score after referrals were made due to a "monitor" result • # and % of service/program gaps identified • # and % of barriers identified

Key Activities

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

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

Program Updates FY 2018-19

IMPLEMENTATION STATUS

HMGYC was implemented with progress made to achieve its objectives.

SUCCESS & CHALLENGES

The HMGYC experienced many successes in FY 2018-19 including an increase in outreach events held and attended for target agencies from 63 events in the first half of the fiscal year to 405 combined in the second half. Through these events, HMGYC staff were able to reach more programs and increase the awareness and understanding of what HMGYC services





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are available for families. HMGYC also experienced an increase in the number of community agencies, medical providers, and families trained on the HMGYC program. Through these trainings, HMGYC increased the number of programs, agencies, and medical providers who can refer families to HMGYC. Lastly, in FY 2018-19, there was a 60% increase in the number of unique screenings complete from FY 2016-17. HMGYC has screened more children for developmental concerns and connected families with prevention and early intervention tools and/or services. 83% of children were also successfully connected to at least one service or have a pending start date due to a concern identified on a screening in FY 2017-18. Most children that require early intervention services are receiving at least one referral made by HMGYC. Despite these successes, HMGYC identified barriers and gaps that staff and/or parents/caregivers face when attempting to make a referral, including parents' unwillingness or refusal for services. HMGYC shared sometimes parents/caregivers refuse a referral, do not respond to staff and/or the agencies to which they were referred to during the referral process, or do not follow up with HMGYC to receive results and discuss potential referrals. Lastly, long waiting lists for services can discourage families from engaging with services.

PROJECTIONS FOR FY 2019-20

HMGYC expects to 1) see an increase in family involvement; 2) an increase in events for families and; 3) continue to increase and enhance partnerships with an array of medical providers, target populations, and community agencies. HMGYC staff will continue to work towards expanding availability and access for vulnerable families in Yolo County and make sure children receive services in a timely manner. HMGYC will also continue to strive for continuous quality improvement within its program by making adjustments outlined in their performance measures.

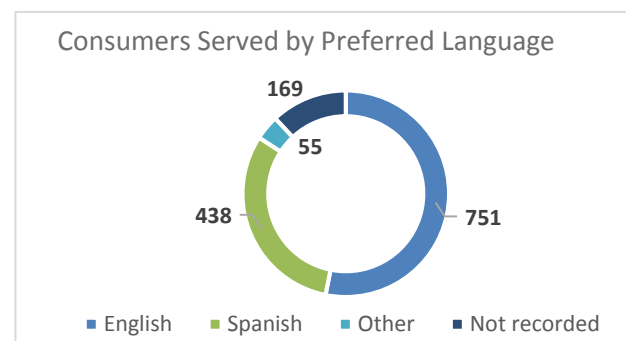
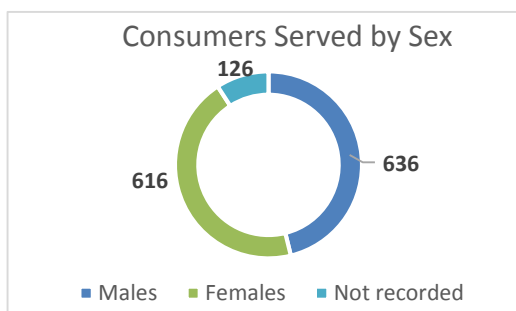
Estimated individuals to be served: 800

Consumers and Referrals

Individuals Served (Unduplicated)	908	Prevention:	736	Early Intervention:	172
Families Served:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Family Members Served:			3,236
Individuals with Referrals to Treatment:	153	Referrals to County Programs:	NA*	Referrals to Non-County Programs:	NA*
Number of Follow Throughs/Engagement:	136	Average Duration of Untreated Mental Illness:			NA*
Average Interval Between Referral and Participation in Treatment:				1-2 months	

*Program did not collect data on this variable.

Program Demographics





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New Consumers

1st Quarter	353
2nd Quarter	357
3rd Quarter	301
4th Quarter	367
Full Year	1,378

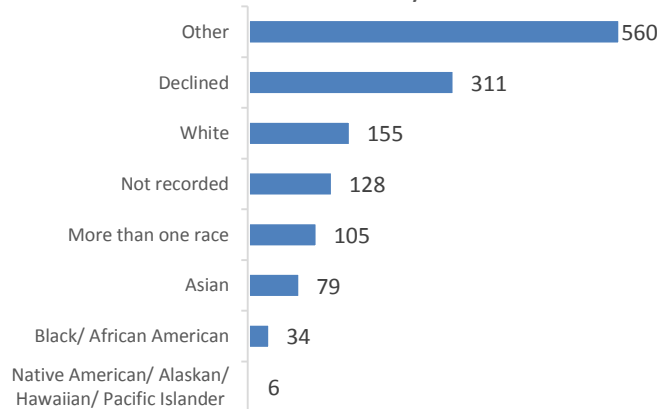
Returning Consumers

1st Quarter	0
2nd Quarter	0
3rd Quarter	161
4th Quarter	79
Full Year	240

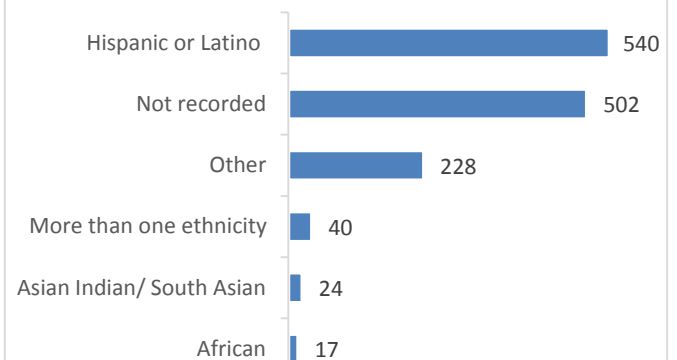
Total Consumer Contacts

1st Quarter	353
2nd Quarter	357
3rd Quarter	462
4th Quarter	446
Full Year	1,618

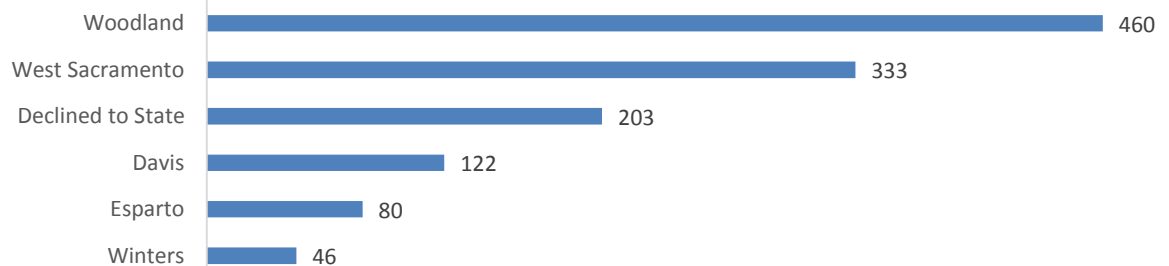
Consumers Served by Race



Consumers Served by Ethnicity



Consumers Served by City of Residence





PEI: School-Based Access and Linkage Program

Program Overview

PEI Service Area:	<input type="checkbox"/> Prevention <input type="checkbox"/> Early Intervention <input checked="" type="checkbox"/> Access and Linkage to Treatment			
	<input type="checkbox"/> Stigma and Discrimination Reduction		<input type="checkbox"/> Suicide Prevention	
Status:	<input type="checkbox"/> Outreach for Increasing Recognition of Early Signs of Mental Illness			
	<input type="checkbox"/> Improve Timely Access to Services for Underserved Populations			
Target Population:	<input type="checkbox"/> New		<input checked="" type="checkbox"/> Continuing	
	<input type="checkbox"/> Modification			
Target Population:	<input checked="" type="checkbox"/> Children Ages 0-15	<input checked="" type="checkbox"/> Youth Ages 16 – 25	<input type="checkbox"/> Adult Ages 26 – 59	<input type="checkbox"/> Older Adult Ages 60+

Program Description

The School Based Access and Linkage program places 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. MHSA-funded clinical staff in rural and urban areas of the county aim to understand a child’s needs and then link the child and their family to the appropriate level of mental health service.

Schools make referrals for students who may need (or who request) screening for mental or emotional needs. In meeting with clinical staff, referrals are screened with mental health and risk assessment tools, including the Beck Depression Inventory, to identify their present level of mental or emotional need and functional impairment. These screening tools provide a guide for appropriate levels of follow-up care. 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). Services are provided at school sites in a confidential, dedicated space. This setting promotes accessibility, familiarity, and timeliness for referrals.

The purpose of these programs is to create a simplified method of assessment and referral of children to the services that they need. Full time Access and Linkage Specialist are available to local school districts for a direct point of contact to referral students needing mental health services. The Access and Linkage Specialist understands how to navigate through the referral process and sends referrals to the County Access team and assists with the connection of children and families to those services. The Access and Linkage Specialist is the one point of contact to receive children mental health referrals. They schedule immediate intake appointments with the students and conduct an initial assessment. Having one point of contact greatly speeds up the process of getting children the unique mental health services they need.

To ensure timely accessibility, all schools have direct connections to the Rural School Based Access and Linkage programs provided by RISE. RISE offers extended hours for families who work during business hours and accommodates working families who otherwise may not be able to participate in the screening and referral process. Staff in both rural and urban programs are trained to treat consumers with a strength-based lens, meet consumers where they are in terms of their mental health journey, and compassionately refer them to the correct service they are in need of. Staff are professional clinicians and are trained in providing culturally responsive, inclusive, non-stigmatizing, and non-discriminatory services. Caregivers and families are also part of the decision-making process and are included, and





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accommodated by any means necessary. Once a referral has been made, program staff follow up with families on a regular basis to ensure they are connected with the service. Program staff follow up at 30 days after the first referral and 90 days after to document the rate of referred children who received at least one mental health service from the referred provider and to inquire if they report an improvement in their overall mental health symptoms and family circumstance.

Performance Measurements	
1. How much did we do?	<ul style="list-style-type: none"> • # of students and family members receiving Universal Outreach/Engagement services specifically for Access and Linkage Program • # of services provided to children, youth and family members, including direct mental health triage and referral; risk assessment; brief intervention and linkage services • # and rate of children, youth, and family members referred to a mental health service provider
2. How well did we do?	<ul style="list-style-type: none"> • # and rate of routine mental health triage services provided within seven (7) calendar days of request for service • # and rate of urgent mental health triage services provided within forty-eight (48) hours of request for service • # of Access and Linkage Services provided in the child, youth or family member's preferred language
3. Is anyone better off?	<ul style="list-style-type: none"> • # and rate of referred children, youth and family members who received at least one mental health service from the referred provider • Of the children/youth who participated in recommended services, how many reported improvements in overall mental health symptoms • Of the family members who participated in recommended services, how many reported improvements in child/youth's family circumstance

Key Activities

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

- Providing assessment and referrals for students ages 6-18 and their families in school settings.
- Addressing service access challenges when they are identified.
- Maintaining an up-to-date list of available programs and services across a range of funding sources.
- Maintaining relationships with available programs and services in order to smoothly facilitate linkages.
- Provide brief support during the assessment process.
- Performing outreach to community to raise awareness of the program's purpose and services.
- Provide services in a culturally sensitive manner to increase engagement and alleviate barriers

Rural Program Updates FY 2018-19

IMPLEMENTATION STATUS

The program was successfully implemented. All students who were referred were triaged and connected to services within a week of being assessed.





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SUCCESS & CHALLENGES

A key success for this program includes the utilization of an Access and Linkage Specialist that was able to meet with referred students on the same day or within 24 hours of being referred. RISE successfully referred students to services within the organization or to outside agencies. While RISE has been able to successfully link most students who were with mild-moderate need, RISE cited a challenge connecting students who were severely symptomatic, specifically those with private insurance. RISE worked closely with the County and followed up on behalf of the students. RISE specialists also worked closely with families with private insurances to identify the appropriate provider and ensure linkage.

PROJECTIONS FOR FY 2019-20

RISE expects to experience an increase in the need and demand for counseling thus a greater need to access and connect to resources.

Estimated individuals to be served: 60

Consumers and Referrals

Individuals Served (Unduplicated)	67	Prevention:	8	Early Intervention:	0
Individuals with SMI Referred to Treatment:	8	Referrals to County Programs:	NA*	Referrals to Non-County Programs:	NA*
Number of Follow Throughs/Engagement:	NA*	Average Duration of Untreated Mental Illness:		NA*	
Average Interval Between Referral and Participation in Treatment:				NA*	

*Program did not collect data on this variable.

Urban Program Updates FY 2018-19

IMPLEMENTATION STATUS

The program expects to fully implement in FY 2018-19 and meet all objectives.

SUCCESS & CHALLENGES

A key success for the Urban program in FY 2018-19 was the continued growth in provision of services, with 33 consumers receiving services, including 22 new consumers receiving services. This demonstrates improved utilization of the program by schools and consumers from the previous year. A key challenge during the reporting period was the limited number of external providers available to refer consumers and a wait-list for services once a referral has been provided.

PROJECTIONS FOR FY 2019-20

The program expects the Access and Linkage program will serve 60 individuals across four school sites in FY 2019-20 and anticipates no significant changes to program services and activities in FY 2019-20.

Estimated individuals to be served: 60





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Consumers and Referrals

Individuals Served (Unduplicated)	59	Prevention:	59	Early Intervention:	0
Individuals with SMI Referred to Treatment:	NA*	Referrals to County Programs:	NA*	Referrals to Non-County Programs:	NA*
Number of Follow Throughs/Engagement:	NA*	Average Duration of Untreated Mental Illness:		NA*	
Average Interval Between Referral and Participation in Treatment:			NA*		

*Program did not collect data on this variable.

Rural School Based Access & Linkage Program Demographics

New Consumers

2nd Quarter	6
3rd Quarter	67

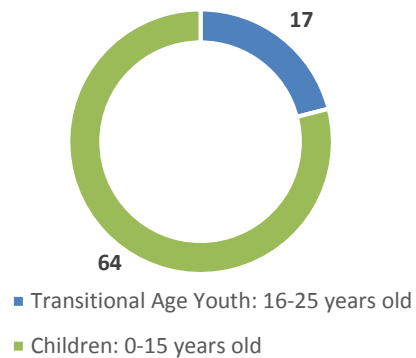
Returning Consumers

2nd Quarter	6
3rd Quarter	67

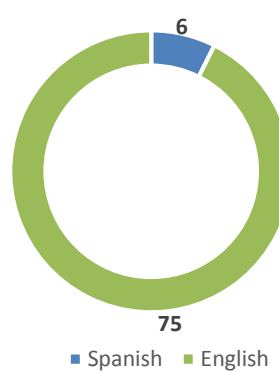
Total Consumer Contact

2nd Quarter	6
3rd Quarter	67

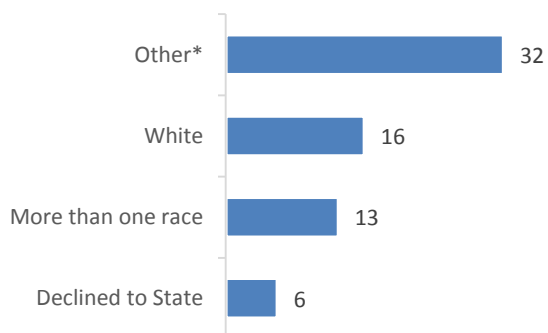
Consumers Served by Age



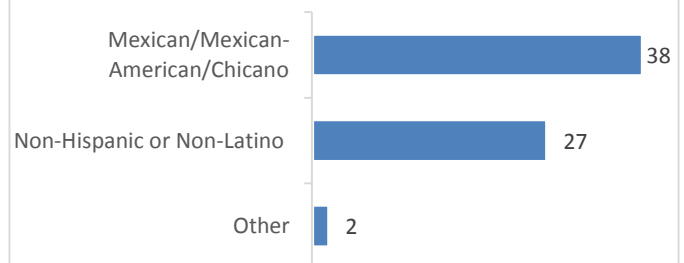
Consumers Served by Preferred Language



Consumers Served by Race



Consumers Served by Ethnicity



*Includes Native American/ Alaskan, Native Hawaiian/ Pacific Islander, and Black/ African American

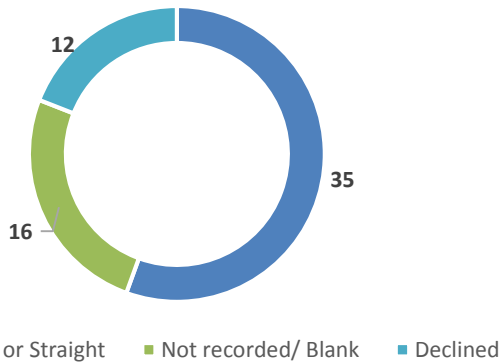




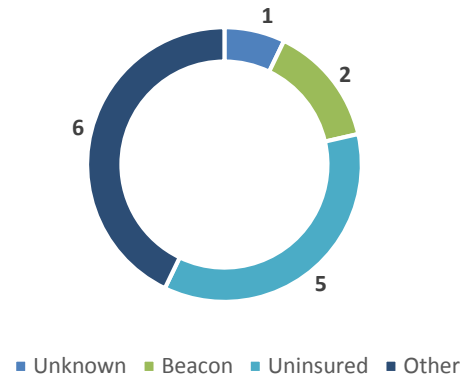
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Consumers Served by Sexual Orientation*



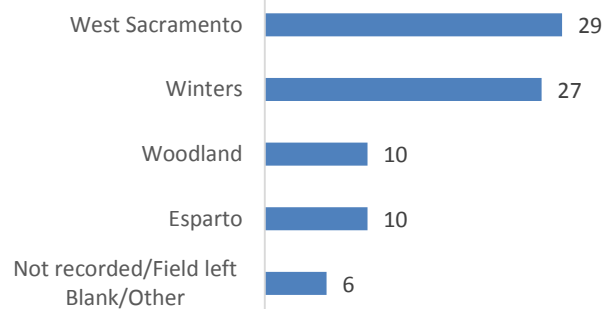
Consumers Served by Insurance



*Responses with fewer than 5 individuals were excluded

Consumers Served by Sex Assigned at Birth	
Male	40
Female	41
Consumers Served by Current Gender Identity	
Male	34
Female	33

Consumers Served by City of Residence



Urban School Based Access & Linkage Program Demographics

New Consumers

1 st Quarter	9
2 nd Quarter	11
3 rd Quarter	17
4 th Quarter	22
Full Year	59

Returning Consumers

1 st Quarter	0
2 nd Quarter	1
3 rd Quarter	1
4 th Quarter	11
Full Year	13

Total Consumer Contact

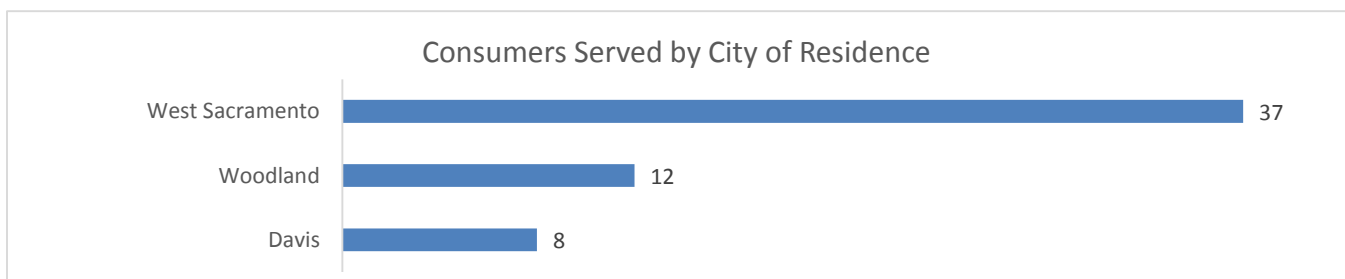
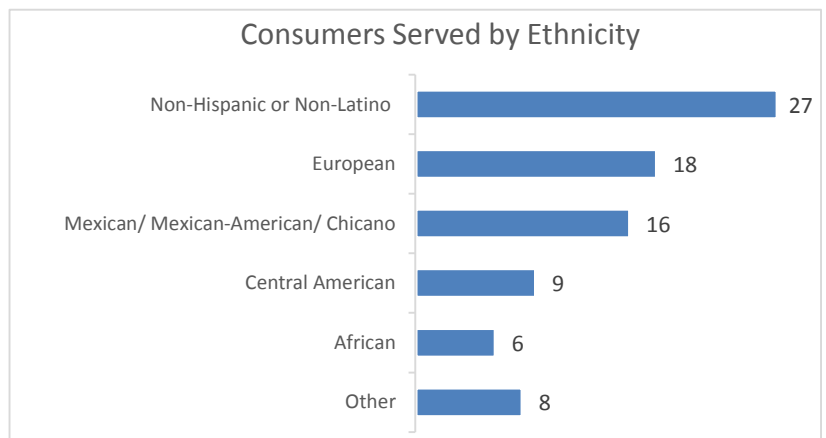
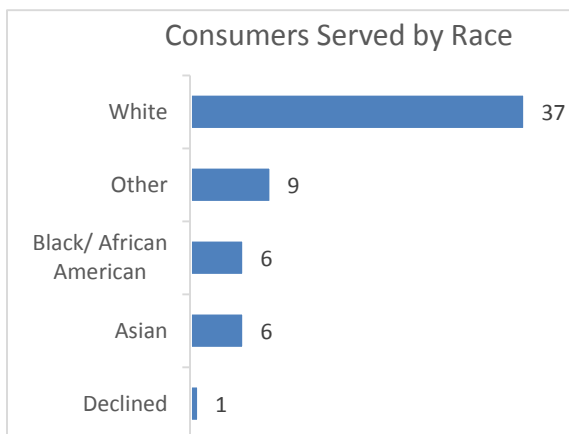
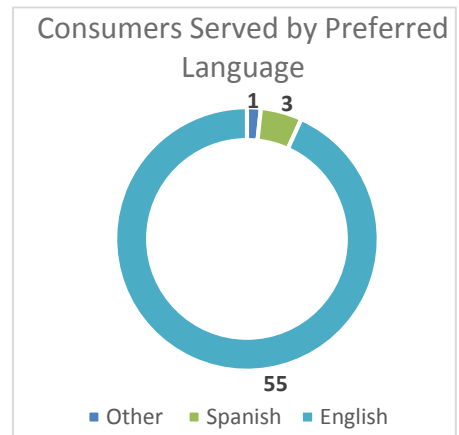
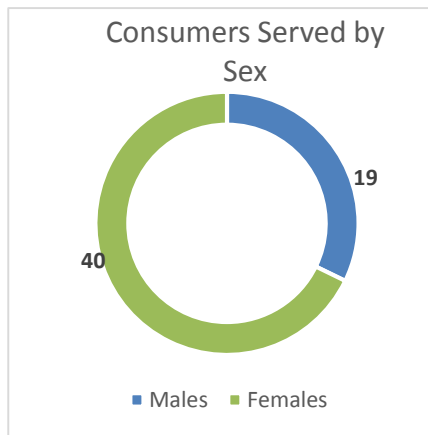
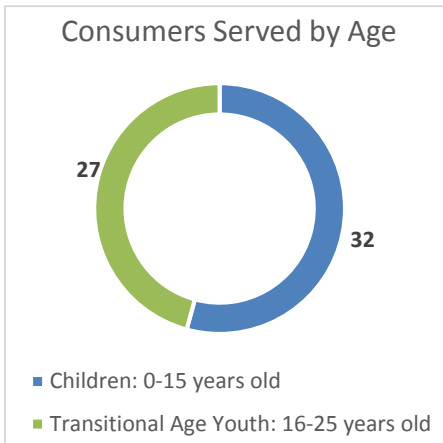
1 st Quarter	9
2 nd Quarter	12
3 rd Quarter	18
4 th Quarter	33
Full Year	59





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PEI: TAY Wellness Center Services

Program Overview				
PEI Service Area:	<input type="checkbox"/> Prevention <input type="checkbox"/> Early Intervention <input checked="" type="checkbox"/> Access and Linkage to Treatment <input type="checkbox"/> Stigma and Discrimination Reduction <input type="checkbox"/> Suicide Prevention <input type="checkbox"/> Outreach for Increasing Recognition of Early Signs of Mental Illness <input type="checkbox"/> Improve Timely Access to Services for Underserved Populations			
Status:	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuing	<input type="checkbox"/> Modification	
Target Population:	<input type="checkbox"/> Children Ages 0 – 15	<input checked="" type="checkbox"/> Transitional Age Youth Ages 16 – 25	<input type="checkbox"/> Adult Ages 26 – 59	<input type="checkbox"/> Older Adult Ages 60+

Program Description

The TAY Wellness Centers, located in the Woodland Community College campus (STAY Well Center) and Davis (TAY Wellness Center), provide socialization and activity-based services for TAY who are either at-risk of, beginning to, or currently experiencing mental health problems with the goal of promoting recovery, resiliency, and connection to mental health services for those who need it. Both Centers are centrally located in the community and are spaces that do not connect to the main County Behavioral Health Clinic. Other MHSA-funded services or staff may be co-located (e.g., TAY Speaker’s Bureau, Pathways to Independence).

TAY Wellness Center activities are youth-directed and focus on addressing the unique needs of the youth and transitional aged youth population in Yolo County. The youth-friendly centers provide multiple levels of mental health service from one-on-one services to SMI interventions. Lastly, services provide community-building, socialization, and academic activities that promote wellness, recovery, and resiliency among this population. This includes recreational sports activities, college preparedness workshops and group counseling

The Centers provide access to multiple levels of care in a youth-welcoming environment and focus on improving access and engagement with mental health services while providing a safe space for youth and transitional aged youth. The Centers serve as a support for young people who are entering the mental health system and navigate the services. Service triage appointments are offered at the Woodland or West Sacramento office and the LOCUS Tool is used to determine level of care needs. Eligible consumers may be assigned to a variety of services including participation in the Wellness Center, following completion of a more in depth clinical assessment to review needs and determine medical necessity.

Performance Measurements

Yolo HHS has not created outcomes measures for this program.

Key Activities

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





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

STAY Well Center Program Updates FY 2018-19

IMPLEMENTATION STATUS

The program was implemented with progress made on implementing its key activities.

SUCCESS & CHALLENGES

The STAY Well Center opened in early December of 2017 and has seen a steady increase in the number of participants. The Center experienced challenges due to a change of staffing including the Dean of Student Services and the STAY Well Coordinator. HHSA supported the program with staffing until a new Dean was hired in June of 2018. Despite these transitions, the STAY Well Center remained opened and continued to serve students.

PROJECTIONS FOR FY 2019-20

The STAY Well Center aims to increase the number of activities, survey students to understand and identify what they would like to see in the Center and strengthen communication between the Center and HHSA. No further changes to services or activities are anticipated.

Estimated individuals to be served: 50-425

Davis TAY Wellness Center Program Updates FY 2018-19

IMPLEMENTATION STATUS

The program was implemented with progress made to achieve its objectives.

SUCCESS & CHALLENGES

The TAY Wellness Center in Davis reopened its doors in early February after an extensive period of remodeling and obtaining staffing resources. Aside from the remodeling process, the Center experienced little to no challenges during the implementation phase.

PROJECTIONS FOR FY 2019-20

For FY 2019-20, the TAY Wellness Center is planning to provide referrals to resources, job-related activities, and trainings for participants of the Center. The Center will also establish a TAY advisory board that plans programming. Ultimately, the Center aims to have events, activities, groups, and services held by and for TAY. The Center does not anticipate other changes in its provision of services and activities for FY 2019-20.

Estimated individuals to be served: 50-425





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Consumers and Referrals

Individuals Served (Unduplicated)	49**	Prevention:	6	Early Intervention:	0*
Individuals with SMI Referred to Treatment:	NA*	Referrals to County Programs:	NA*	Referrals to Non-County Programs:	NA*
Number of Follow Throughs/Engagement:	NA*	Average Duration of Untreated Mental Illness:		NA*	
Average Interval Between Referral and Participation in Treatment:			NA*		

*Data collection not applicable during Q1 and Q2. These quarters were the setup and planning quarter for the project/program.

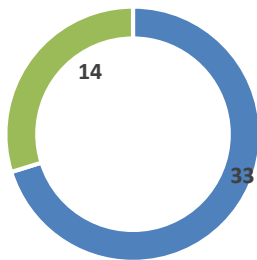
**Program did not collect data on this variable.

Program Demographics

New Consumers

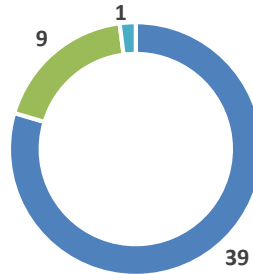
3rd Quarter	43
4th Quarter	6

Consumers Served by Age



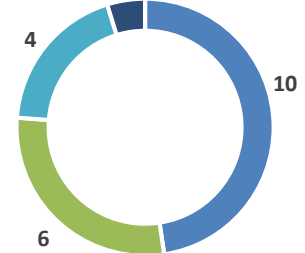
- Transitional Age Youth: 16-25 years old
- Adults 26-59

Consumers Served by Preferred Language



- English
- Spanish
- Not recorded/blank

Consumers Served by Disabilities



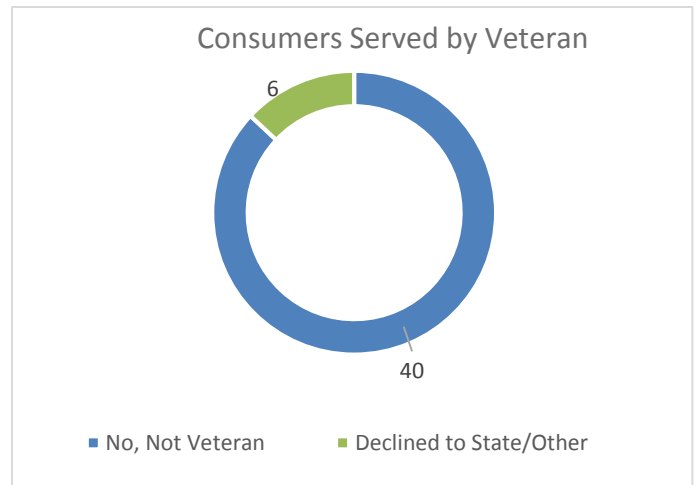
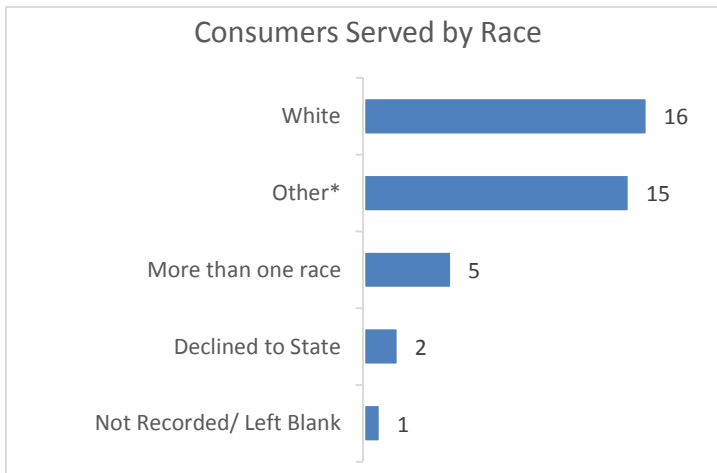
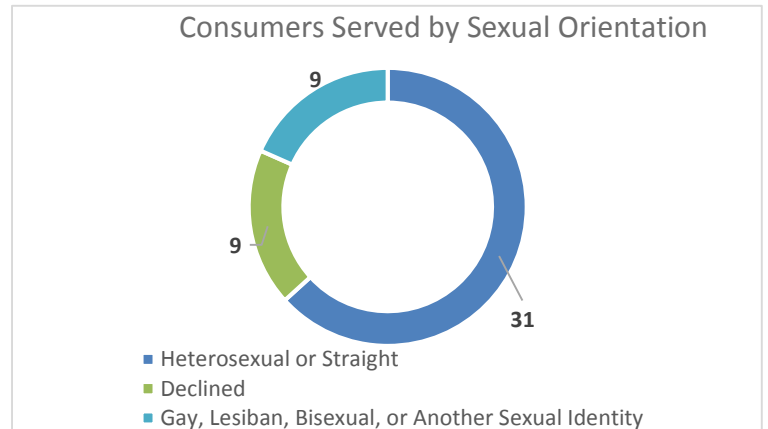
- Yes, disability indicated
- No, not disabled
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- Not recorded/blank



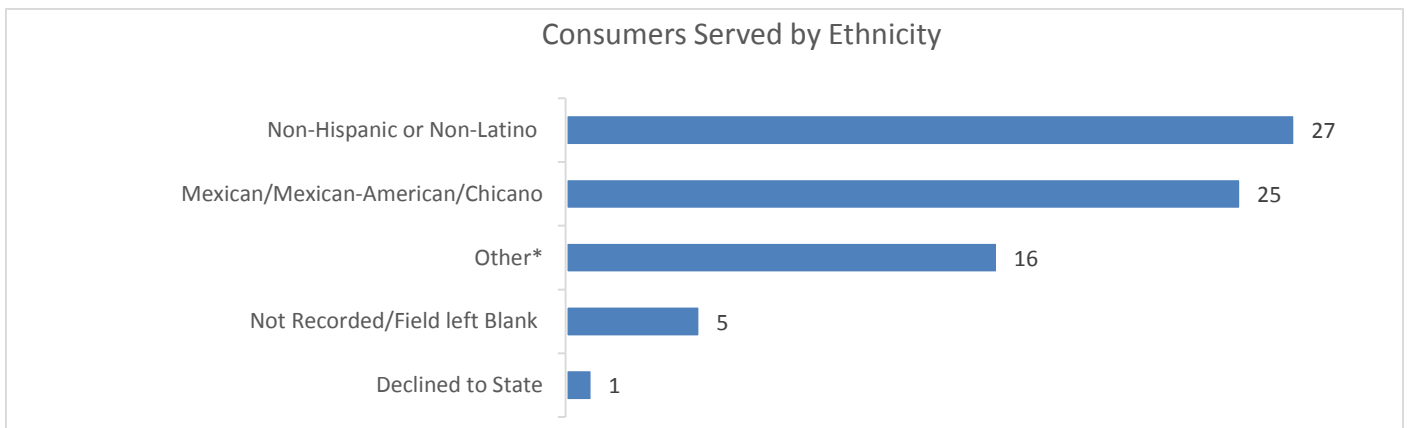
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Consumers Served by Sex Assigned at Birth	
Male	14
Female	32
Not Recorded/ Left Blank	3
Consumers Served by Current Gender Identity	
Male	13
Female	32
Not Recorded/ Left Blank/Other	5



*Includes Black/ African American, Native American/ Alaska Native, Native Hawaiian/ Pacific Islander, Asian



*Includes Puerto Rican, South American, Korean, European, and Asian Indian/ South Asian





PEI: Rural & Urban School Based Mentorship/Strengths-Building Program

Program Overview

PEI Service Area:	<input type="checkbox"/> Prevention <input checked="" type="checkbox"/> Early Intervention <input type="checkbox"/> Access and Linkage to Treatment <input type="checkbox"/> Stigma and Discrimination Reduction <input type="checkbox"/> Suicide Prevention <input type="checkbox"/> Outreach for Increasing Recognition of Early Signs of Mental Illness <input type="checkbox"/> Improve Timely Access to Services for Underserved Populations			
Status:	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuing	<input type="checkbox"/> Modification	
Target Population:	<input checked="" type="checkbox"/> Children Ages 0 – 15	<input type="checkbox"/> Transitional Age Youth Ages 16 – 25	<input type="checkbox"/> Adult Ages 26 – 59	<input type="checkbox"/> Older Adult Ages 60+

Program Description

The Rural and Urban School Based Mentorship/Strengths-Building Program provides evidence-based, culturally responsive services and offers promising practices in outreach and engagement for at-risk children and youth (ages 0-15) that build their resiliency and help to mitigate and/or support their mental health experiences. As designed, the Mentorship/Strengths-building Program serves four 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;
- 3) Provide after-school mentorship to children and youth and;
- 4) Support families through relationship building and trust.

The Mentorship/Strengths-Building Program does not provide clinical services but provides linkages when necessary. Some programs operate in local schools, which 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. Community collaboration, integrated service experience, and cultural competence are exemplified by service provision on a one-time and recurring basis in classrooms, auditoriums, and community spaces. Staff strive to empower participants and families and promote a consumer/family driven mental health system.

In all settings, the program outreaches to and works within the community rather than requiring children and youth to come to a centralized office for services. Services are conducted in settings that are most familiar to children and families and bilingual/bicultural staff are placed in areas with a high proportion of non-English speaking populations, such as in Winters, Esparto, and Madison, where 50%-76% of the population is Latino/Hispanic (U.S. Census Bureau, 2010). By doing so, the program offers underserved Latino/Hispanic and other underserved populations increased access to mental wellness activities and service referrals to HHSA. These strategies enhance access for participants by reducing their travel need and allows providers the flexibility to serve them when they prefer and are most able to engage. By bringing services directly to the participants, these programs promote accessibility, familiarity, and timeliness for referrals. Program staff are professional clinicians, and are trained in providing culturally responsive, inclusive, non-stigmatizing, and non-discriminatory services.

Yolo HHSA is currently in the planning phase of establishing performance measurement practices for this program that include demonstrating program effectiveness for its intended population and ensuring fidelity to the program according to practice model/ program design.





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Performance Measurements	
<p>1. How much did we do?</p>	<ul style="list-style-type: none"> • Total # of participants served • Total # of unduplicated participants served • Total # of participants identified as at risk of a mental illness (Prevention) • Total # of participants identified with early onset of a mental illness (Early Intervention) • Total # of individual family members served • Total # of participants who received services in their preferred non-English language • Total # of services provided in each service category • After-school mentoring programs • School-day programs • Support to parents and caregivers, as applicable
<p>2. How well did we do?</p>	<ul style="list-style-type: none"> • Total # of participants referred to any service • Total # of participants referred to: <ul style="list-style-type: none"> ○ Primary Care services ○ Mental Health and/or Substance Use Disorder services ○ Other support services (e.g., health benefits enrollment, food resources, housing support) • % and # of participants who completed a referral and engaged in treatment. Engagement is defined as participating at least once in the program to which they were referred, including: <ul style="list-style-type: none"> ○ Primary Care services ○ Mental Health and/or Substance Use Disorder services ○ Other support services (e.g., health benefits enrollment, food resources, housing support) • Average interval (in days) between the referral and participation in treatment. Participation is defined as participating at least once in the treatment to which referred. • Average DUMI across participants. DUMI is defined as, for persons who are referred to treatment and who have not previously received treatment, the time between the self-reported and/or parent-or-family-reported onset of symptoms of mental illness and entry into treatment. Entry into treatment is defined as participating at least once in treatment to which the person was referred. • % of program staff trained in using evidence-informed and evidence-based practices • % and # of participants who reported satisfaction with services (e.g., services were provided at a convenient time and location; program staff treated me with respect, made me feel welcomed, respected my cultural background/beliefs, spoke to me in a language that I understood)
<p>3. Is anyone better off?</p>	<ul style="list-style-type: none"> • % and # of participants enrolled in the after-school Mentoring/Strengths Programs who demonstrate an improvement in well-being on the Youth Asset Survey • % and # of participants enrolled in the Social Emotional Learning and Well Being Programs who demonstrate an improvement in well-being on the Global Self Worth Assessment





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- % and # of participants enrolled in the Gallup Strengths Finder 2.0 programs who demonstrate an increase in resiliency in on the Resiliency Scale
- % and # of participants who demonstrate an improvement in overall wellbeing based on results from the Why Try pre/post assessments

Key Activities

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

- Supporting children and youth to increase their skills in anger management, self-esteem, relationship building, and cognitive life skills.
- Promoting prosocial activities, including outdoor activities.
- Maintaining a mentoring program for youth.
- Facilitating focused groups for children experiencing specific issues or in particular circumstances (e.g., divorce, high-risk and troubled youth at alternative high school settings, girls in their early teens, and anger management).
- Offering resiliency-focused coaching and career counseling.
- Providing drug education programs.
- Supporting parents to learn strengths-based parenting skills.
- Offering instruction to parents and teachers in using relationship-building skills to help their child/student to learn responsibility, and how to develop healthy adult-child relationships through empathy and mutual respect.
- Targeting outreach and engagement toward youth who have been involved with the criminal justice and juvenile justice systems.
- Coaching older youth to learn alternative coping strategies to adapt to life challenges including goal setting and skills for problem solving.

Rural Program Updates FY 2018-19

IMPLEMENTATION STATUS

The program began implementation immediately with summer resiliency opportunities. The program then transitioned into the regular school year program and began key reporting activities during the second quarter. During the second quarter, RISE administered pre-assessments with youth participating in various mentoring and strengths programs. In the 4th quarter, the program administered the same assessments to measure the impact of services.

SUCCESS & CHALLENGES

In FY 2018-19, the Rural Mentorship program rolled out after a year focused on program development. A key success was that the program was fully enrolled after its first week of open enrollment. Attributions for this were given to the work of the MHSA-funded recruiter who not only recruits mentees but also trains mentors to provide an afterschool mentoring program for elementary and middle school students. The program also identified its ability to provide in-school mentoring and support groups throughout districts as another key success of this program. Since its implementation, the Rural Mentorship program has experienced challenges with outreaching to school staff about its scope of services. The program shared that because the needs are so high in schools, sometimes school staff request services from the Strengths Mentoring Specialist that is above their expertise. The program is currently working on clarifying scope of services to staff to ensure understanding of the program and its services.





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PROJECTIONS FOR FY 2019-20

RISE launched a small Success program in the community of Esparto and aims to grow its capacity in FY 2019-20. Their goal is to successfully engage 10-15 mentors and 20-25 mentees per mentor. They do not expect any changes to their services and activities.

Estimated individuals to be served: 250

Consumers Served

Individuals Served (Unduplicated)	244	Prevention:	242	Early Intervention:	2
Families Served	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Family Members Served:		NA

Urban Program Updates FY 2018-19

IMPLEMENTATION STATUS

The program was fully implemented in FY 2018-19.

SUCCESS & CHALLENGES

A key success for the Urban program in FY 2018-19 was the increase of unique consumer contacts. During the reporting period, 2,400 unique consumer contacts were made over 277 Prevention and Early Intervention sessions. The mentorship program also provided 119 mentors with training surpassing last year's total. A key challenge during the reporting period was the provision of services in new settings through the West Sacramento Restorative Justice/Youth Court Program and the Davis Youth Leadership program. These new settings have required the development of new agency partnerships and the revision of the current mentorship curriculum to best suit the needs and availability of the mentors.

PROJECTIONS FOR FY 2019-20

The program expects the Strengths and Mentoring program will serve more consumers than in the previous fiscal year and will achieve its objectives for participant satisfaction and program efficacy.

Estimated individuals to be served: 5,000

Consumers and Referrals

Individuals Served (Unduplicated)	5,513	Prevention:	3,739	Early Intervention:	1,974
Families Served	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Family Members Served:		NA





Rural School & Community-Based Demographics

New Consumers

2nd Quarter	227
3rd Quarter	10
4th Quarter	7
Full Year	244

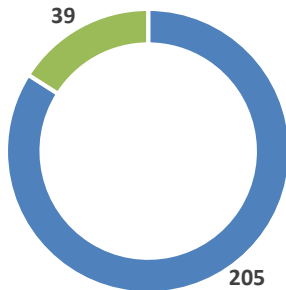
Returning Consumers

2nd Quarter	0
3rd Quarter	169
4th Quarter	178
Full Year	178

Total Consumer Contact

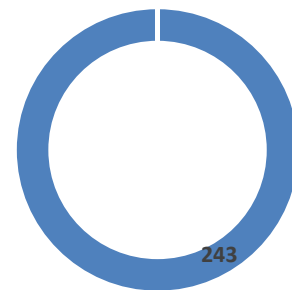
2nd Quarter	113
3rd Quarter	136
4th Quarter	126
Full Year	375

Consumers Served by Age



- Children: 0-15 years old
- Transitional Age Youth: 16-25 years old

Consumers Served by Disabilities

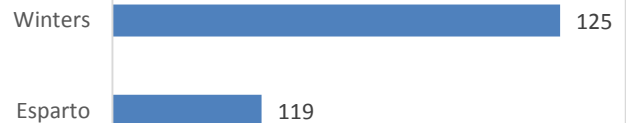


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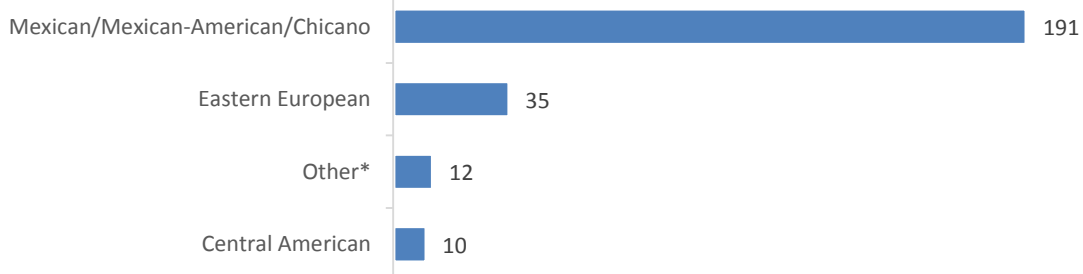
Consumers Served by Race



Consumers Served by City of Residence



Consumers Served by Ethnicity



*Other includes African, Chinese, European, Middle Eastern, and South American



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Consumers Served by Sex Assigned at Birth	
Male	115
Female	129
Consumers Served by Current Gender Identity	
Male	115
Female	129

Consumers Served by Preferred Language	
English	244
Consumers Served by Sexual Orientation	
Heterosexual or Straight	244
Consumers Served by Veteran Status	
No, not veteran	244

Outreach Events			
2 nd Quarter	3 rd Quarter	4 th Quarter	Full Year
Number of Outreach Events Held			
6	8	4	18
Number of Outreach Participants			
28	20	25	28
Outreach Participants: Children (0-15)			
7	7	6	7
Outreach Participants: Youth (16-25)			
21	13	19	21
Outreach Participants Preferred Language			
28	20	25	28

Urban School & Community-Based Demographics

New Consumers	
1st Quarter	964
2nd Quarter	105
3rd Quarter	232
4th Quarter	195
Full Year	5,513

Returning Consumers	
1st Quarter	0
2nd Quarter	934
3rd Quarter	475
4th Quarter	264
Full Year	1,673

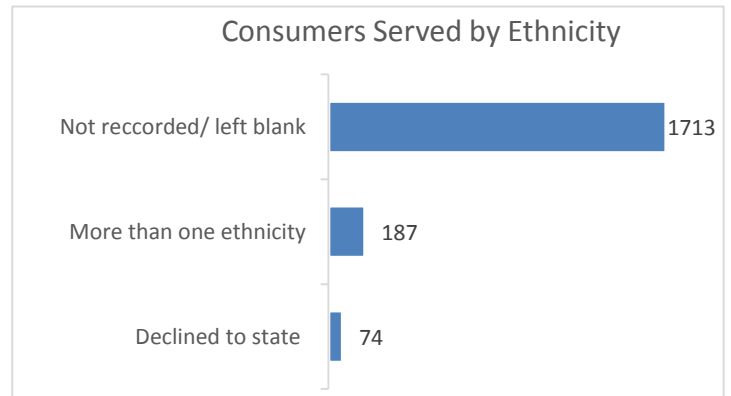
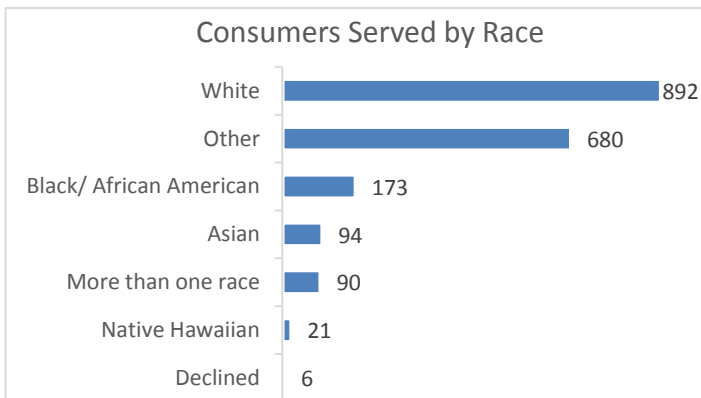
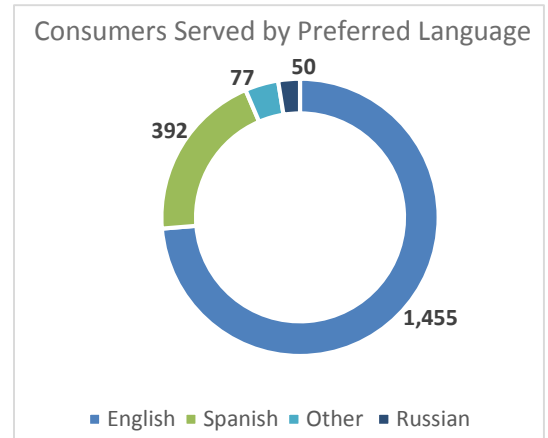
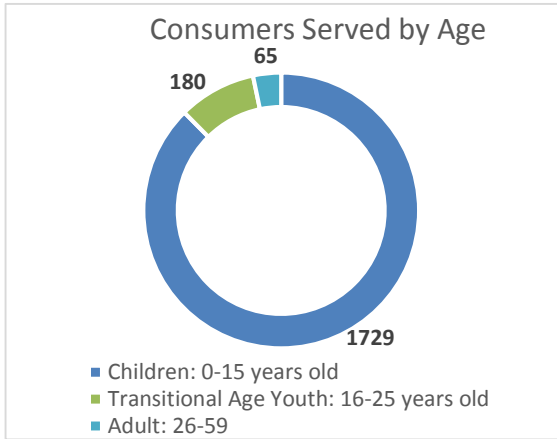
Total Consumer Contact	
1st Quarter	2,747
2nd Quarter	6,813
3rd Quarter	4,801
4th Quarter	2,139
Full Year	16,500





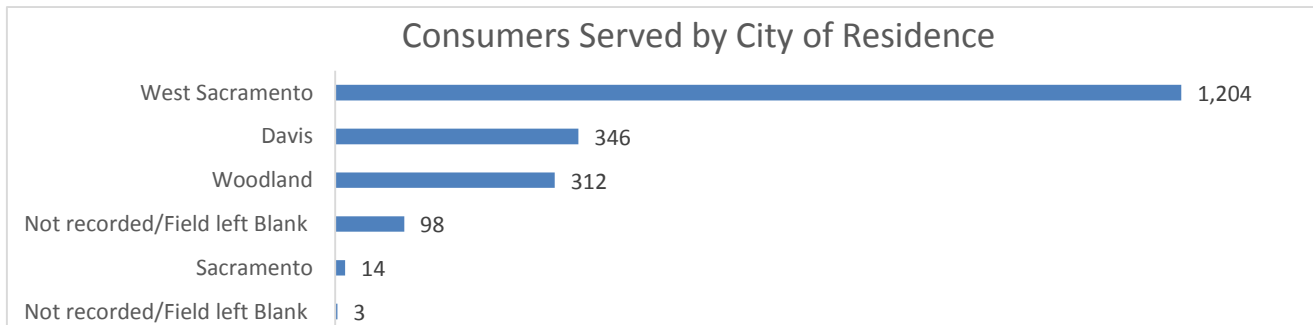
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Consumers Served by Sex Assigned at Birth	
Male	1,033
Female	859
Not Recorded/ Left Blank	82
Consumers Served by Current Gender Identity	
Male	16
Female	49
Not Recorded/ Left Blank	0

Consumers Served by Veterans Status	
No, Not Veteran	1,909
Not Recorded/Left Blank	65
Consumers Served by Sexual Orientation	
Not Recorded/Left Blank	65
Consumers Served by Disability	
Not Recorded/Left Blank	1,974





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Outreach Events			
2 nd Quarter	3 rd Quarter	4 th Quarter	Full Year
Number of Outreach Events Held			
9	2	1	12
Number of Outreach Participants			
175	14	22	211

Outreach Settings				
	2 nd Quarter	3 rd Quarter	4 th Quarter	Full Year
Law Enforcement Agency	1			2
Mental/Behavioral Health Care		1		1
Recreation Center				1
School	8	1	1	10



PEI: Senior Peer Counseling

Program Overview

PEI Service Area:	<input type="checkbox"/> Prevention	<input checked="" type="checkbox"/> Early Intervention	<input type="checkbox"/> Access and Linkage to Treatment	
	<input type="checkbox"/> Stigma and Discrimination Reduction		<input type="checkbox"/> Suicide Prevention	
	<input type="checkbox"/> Outreach for Increasing Recognition of Early Signs of Mental Illness			
	<input type="checkbox"/> Improve Timely Access to Services for Underserved Populations			
Status:	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuing	<input type="checkbox"/> Modification	
Target Population:	<input type="checkbox"/> Children Ages 0 – 15	<input type="checkbox"/> Transitional Age Youth Ages 16 – 25	<input type="checkbox"/> Adult Ages 26 – 59	<input checked="" type="checkbox"/> Older Adult Ages 60+

Program Description

Senior Peer Counseling mobilizes volunteers from the community to provide free, supportive counseling and visiting services for older adults aged 60+ in Yolo County who are troubled by loneliness, depression, loss of spouse, illness, or other concerns of aging. Services are voluntary, consumer-directed, and strengths-based. This program addresses the specific needs identified through the current and previous CPP process to provide services throughout Yolo County and at all stages of recovery. By providing psychosocial supports and identifying possible signs and symptoms of mental illness early on and 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 crises 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.

Yolo HHS is currently in the planning phase of establishing performance measurement practices and evaluation methodology for this program that include demonstrating program effectiveness for its intended population, how likely it is to reduce relevant MHSA negative outcomes, and that ensure fidelity to the program according to practice model/program design. Evaluation methods will reflect cultural competency.

Performance Measurements

1. *How much did we do?*
 - # of older adults served by YH/CWC
 - # of family members receiving support from volunteers
 - # of Senior Peer Counselor volunteers recruited
2. *How well did we do?*
 - # of older adults referred to services
 - # of volunteer hours of service rendered to older adults and their families
 - # of volunteer hours spent in training for hours
3. *Is anyone better off?*
 - # of older adults who reported improvement in their overall mental wellness as a result of contact with Senior Peer Counselor Program volunteers
 - # of older adults who reported an ability to maintain level of self-care/independence as a result of contact with Senior Peer Counselor Program volunteers





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- # of above average Likert Scores provided by older adults engaged in this program/or their family members in the efficacy of their Senior Peer Counselor program

Key Activities

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

- Recruiting, screening, and coordinating all peer counselor volunteers.
- Training peer counselors in mental health resources, signs of mental illness, and how to work with older adults experiencing mental illness.
- Visiting older adults in their home or in the community to provide companionship and social support.
- Coordinating with the Friendship Line, a warmline and hotline that is operated out of the San Francisco Institute on Aging.
- Referring and linking consumers to other community-based providers for other needed social services and primary care.

Program Updates

SUCCESS & CHALLENGES

The program successfully matched nine consumers with a volunteer. Despite this success, the program shared recruitment of volunteers is an ongoing challenge. In addition to recruitment, the program expressed the transition from the old demographic forms into the new demographic forms presented challenges as they were not available for consumers until the third quarter. Program staff are learning to correctly input consumer data.

PROJECTIONS FOR FY 2019-20

For the upcoming year, Senior Peer Counseling is aiming to increase the number of consumers, volunteers, and outreach. The program's recent merge with Yolo Hospice/YoloCare will enhance services and outreach.

Estimated individuals to be served: 10-15

Consumers and Referrals

Individuals Served (Unduplicated)	28	Prevention:	28	Early Intervention:	0
Individuals with SMI Referred to Treatment:	NA*	Referrals to County Programs:	NA*	Referrals to Non-County Programs:	NA*
Number of Follow Throughs/Engagement:	NA*	Average Duration of Untreated Mental Illness:		NA*	
Average Interval Between Referral and Participation in Treatment:			NA*		





Program Demographics

New Consumers

1st Quarter	20
2nd Quarter	3
3rd Quarter	1
4th Quarter	4
Total	28

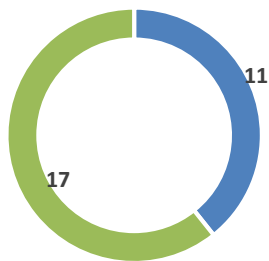
Returning Consumers

1st Quarter	0
2nd Quarter	14
3rd Quarter	6
4th Quarter	5
Total	25

Total Consumer Contacts

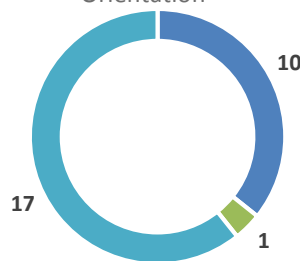
1st Quarter	96
2nd Quarter	151
3rd Quarter	62
4th Quarter	65
Total	374

Consumers Served by Age



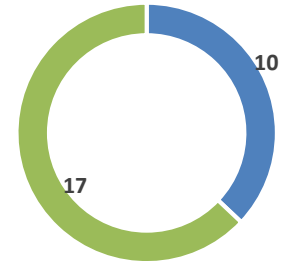
■ Older Adult 60+ ■ Not recorded/ blank

Consumers Served by Sexual Orientation



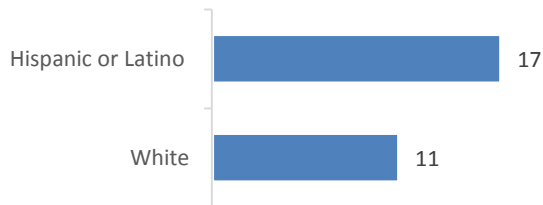
■ Heterosexual or Straight
 ■ Declined to state
 ■ Not recorded/ blank

Consumers Served by Disabilities

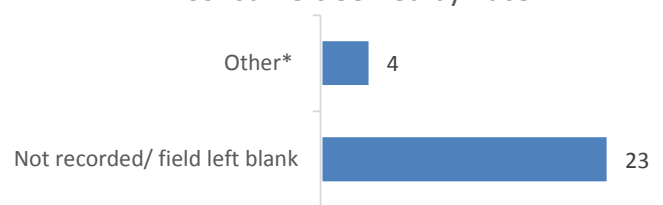


■ Yes, disability indicated
 ■ Not recorded/ left blank

Consumers Served by Ethnicity



Consumers Served by Race

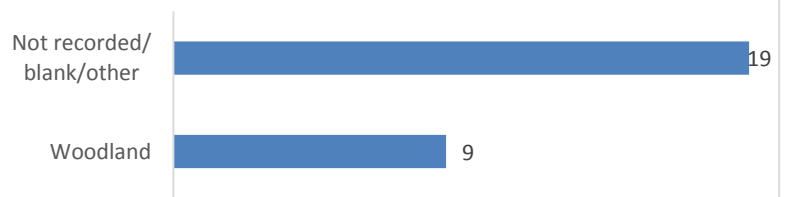


**Other includes European, Mexican/ Mexican-American/ Chicano, and those who declined to state ethnicity.*

Consumers Served by Sex Assigned at Birth

Female	11
Not recorded/blank	17
Consumers Served by Current Gender Identity	
Female	11
Not recorded/blank	17
Consumers Served by Veteran Status	
No, not veteran	11
Not recorded/blank	17

Consumers Served by City of Residence





PEI: Youth Early Intervention Program

Program Overview				
PEI Service Area:	<input checked="" type="checkbox"/> Prevention <input type="checkbox"/> Early Intervention <input type="checkbox"/> Access and Linkage to Treatment <input type="checkbox"/> Stigma and Discrimination Reduction <input type="checkbox"/> Suicide Prevention <input type="checkbox"/> Outreach for Increasing Recognition of Early Signs of Mental Illness <input type="checkbox"/> Improve Timely Access to Services for Underserved Populations			
Status:	<input checked="" type="checkbox"/> New	<input type="checkbox"/> Continuing	<input type="checkbox"/> Modification	
Target Population:	<input type="checkbox"/> Children Ages 0 – 15	<input checked="" type="checkbox"/> Transitional Age Youth Ages 16 – 25	<input type="checkbox"/> Adult Ages 26 – 59	<input type="checkbox"/> Older Adult Ages 60+

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 partners with HHSA to serve TAY in Yolo County who are beginning to show signs or symptoms of SMI. 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 includes a variety of clinical and other supportive services at home, clinic, and community-based settings and provides 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.

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

Yolo HHSA is currently in the planning phase of establishing performance measurement practices and evaluation methodology for this program that include demonstrating program effectiveness for its intended population, how likely it is to reduce relevant MHSA negative outcomes, and that ensure fidelity to the program according to practice model/ program design. Evaluation methods will reflect cultural competency.

Performance Measurements

Yolo HHSA has not created outcomes measures for this program.

Key Activities

Key activities of the TAY Early Intervention Program will support outcomes around improving mental health wellness, social connectivity, and service utilization by:

- Providing age appropriate mental health services.





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

Program Updates FY 2018-19

IMPLEMENTATION STATUS

The program was implemented in late 2018.

SUCCESS & CHALLENGES

Staffing has been an ongoing issues for this program, particularly retaining the clinician position. The program did not maintained a clinician November 2018 through April 2019. Program staff are in discussion regarding how to ensure a seamless transition for consumers.

During the time the program had a clinician, the program experienced great success in terms of outcomes. More specifically, many consumers who went through this early intervention program experienced a need for a lower level of service.

PROJECTIONS FOR FY 2019-20

Program staff will continue planning for the transition and for a new clinician. The program will continue with its training plan and will receive training from UC Davis as planned, in addition to community outreach efforts. Program staff will continue to track outcomes and further their partnership with UC Davis. The Youth Early Intervention Program plans to increase its capacity in order to serve more consumers.

Estimated individuals to be served: 3-10



PEI: TAY Speakers' Bureau

Program Overview				
PEI Service Area:	<input type="checkbox"/> Prevention	<input type="checkbox"/> Early Intervention	<input type="checkbox"/> Access and Linkage to Treatment	
	<input checked="" type="checkbox"/> Stigma and Discrimination Reduction		<input type="checkbox"/> Suicide Prevention	
	<input type="checkbox"/> Outreach for Increasing Recognition of Early Signs of Mental Illness			
	<input type="checkbox"/> Improve Timely Access to Services for Underserved Populations			
Status:	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuing	<input type="checkbox"/> Modification	
Target Population:	<input type="checkbox"/> Children Ages 0 – 15	<input checked="" type="checkbox"/> Transitional Age Youth Ages 16 – 25	<input type="checkbox"/> Adult Ages 26 – 59	<input type="checkbox"/> Older Adult Ages 60+

Program Description

The TAY Speaker’s Bureau aims to reduce the stigma and discrimination associated with having a mental health issue, by replacing harmful misconceptions with stories of mental health recovery and resiliency. This program consists of a group of TAY with diverse backgrounds, interests, talents, and aspirations, who have lived experiences of mental health as well as perspectives on how to build and maintain wellness. The TAY Speaker’s Bureau will include leadership from Yolo County’s Peer Workforce Development Workgroup 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.

Yolo HHSA is currently in the planning phase of establishing performance measurement practices and evaluation methodology for this program that include demonstrating program effectiveness for its intended population, how likely it is to reduce relevant MHSA negative outcomes, and that ensure fidelity to the program according to practice model/ program design. Evaluation methods will reflect cultural competency.

Performance Measurements

Yolo HHSA has not created outcomes measures for this program.

Key Activities

Key activities of the TAY Speaker’s Bureau will support outcomes around improving mental health wellness, social connectivity, and service utilization by:

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





Program Updates FY 2018-19

IMPLEMENTATION STATUS

The program was implemented.

SUCCESS & CHALLENGES

The TAY Speaker's Bureau launched in May 2018 with five TAY in the program. These TAY completed their own digital stories and had the opportunity to share their stories with HHSA agency staff. TAY also participated in a 3-day workshop hosted by Berkeley StoryCenter. The program experienced staffing challenges causing a later-than-anticipated launch date.

PROJECTIONS FOR FY 2019-20

The TAY Speaker's Bureau expects to increase the number of speaking engagements, increase the identification of those in need of support and service, and establish youth development and leadership training. The program also plans on holding a workshop for friends and family. The program does not anticipate any significant changes to its services and activities in FY 2019-20. However, staffing levels may change. TAY Speaker's Bureau is currently working on a sustainability plan to ensure impacts are minimal.

Estimated individuals to be served: 20-200

Consumers

Individuals Served <i>(Unduplicated)</i>	5	Prevention:	5	Early Intervention:	0
Families Served:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Family Members Served:	NA	

Program Demographics

New Consumers

4 th Quarter	367
Full Year	1,378

Total Consumer Contact

4 th Quarter	79
Full Year	240

Consumers served by race

White	5
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Consumers served by preferred language

English	5
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Consumers served by veteran status

No, not veteran	5
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Outreach Events

Events Held	1
Total Participants	18
Outreach Setting	Support group

Additional consumer demographics, while collected, were not presented due to small numbers of participants and identifiable data.





PEI: Latino Outreach/Mental Health Promotores Program

Program Overview

PEI Service Area:	<input type="checkbox"/> Prevention <input type="checkbox"/> Early Intervention <input type="checkbox"/> Access and Linkage to Treatment <input checked="" type="checkbox"/> Stigma and Discrimination Reduction <input type="checkbox"/> Suicide Prevention <input type="checkbox"/> Outreach for Increasing Recognition of Early Signs of Mental Illness <input type="checkbox"/> Improve Timely Access to Services for Underserved Populations			
	Status:	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuing	<input type="checkbox"/> Modification
Target Population:	<input type="checkbox"/> Children Ages 0 – 15	<input type="checkbox"/> Transitional Age Youth Ages 16 – 24	<input checked="" type="checkbox"/> Adult Ages 24 – 59	<input type="checkbox"/> Older Adult Ages 60+

Program Description

The Latino Outreach/Mental Health Promotores 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.

The outreach program provides mental health information, education and establishes relationships to reduce the stigma of accessing mental health services. The outreach program specifically targets Latino male head of households residing in the western rural areas of Yolo County. By utilizing Promotores (a Hispanic/Latino community member who receives training to provide basic health education in the community), information can be best disseminated to the community. Promotores specifically focus on addressing engagement challenges that arise due to stigma related to mental illness, the transient nature of seasonal harvest workers, long working hours for the consumer population, and geographical barriers (e.g., rural/isolated settings) that make traveling to and from behavioral health services difficult.

The Latino Promotores regularly visits local farms and worksites to provide information and resources to the target population. Program staff hold office hours at worksite break rooms, lunchrooms, and even set up canopy tents outside near workers on the farms and fields. To ensure accessibility, the program’s outreach strategy follows a “meet individuals where they are” approach that includes a mobile component. Additionally, the program offers extended hours beyond traditional work hours each month including holding events during the weekend.

Yolo HHSA is currently in the planning phase of establishing performance measurement practices and evaluation methodology for this program that include demonstrating program effectiveness for its intended population, how likely it is to reduce relevant MHSA negative outcomes, and that ensure fidelity to the program according to practice model/program design. Evaluation methods will reflect cultural competency.

Performance Measurements

<i>1. How much did we do?</i>	<ul style="list-style-type: none"> • # of FTEs by classification, including breakdown of program staff who are bilingual and bicultural • # of total program participants served • Total # of unduplicated participants served
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	<ul style="list-style-type: none"> • Total # of participants identified as male heads of household • Total # of participants who received services in Spanish as their preferred language • Total # of FTE Promotores actively involved in the program • Total # of unduplicated participants who received a whole-person health screening • % of participants screened for a history of trauma • Total # of outreach events (minimum weekly) • Average # of participants at outreach events • Total # of group counseling “platicas” (minimum bi-weekly) • Average # of participants at group counseling “platicas” • Total # of advisory panel meetings that included representatives from the target population and community-based agencies
<p>2. How well did we do?</p>	<ul style="list-style-type: none"> • % and # of participants who reported satisfaction with services (e.g., services were provided at a convenient time and location; program staff treated me with respect, respected my cultural background/beliefs, spoke to me in a language that I understood) • Total # of participants referred to: <ul style="list-style-type: none"> ○ Primary Care services ○ Mental Health and/or Substance Use Disorder services ○ Other support services (e.g., health benefits enrollment, food resources, housing support) • Total # of participants referred to any service • % and # of participants who completed a referral and engaged in treatment Engagement is defined as participating at least once in the program to which they were referred, including: <ul style="list-style-type: none"> ○ Primary Care services ○ Mental Health and/or Substance Use Disorder services ○ Other support services (e.g., health benefits enrollment, food resources, housing support) • Average interval (in days) between the referral and participation in treatment • Average duration of untreated mental illness (DUMI) across participants • % of program staff trained in using evidence-informed and evidence-based practices
<p>3. Is anyone better off?</p>	<ul style="list-style-type: none"> • % and # of participants with reduced stigmatizing attitudes, knowledge, and/or behavior related to mental illness and seeking mental health services. • Reduced % and # of mental health hospitalizations and average length of stay • % and # of participants with improved functional outcomes (e.g., enrollment in entitlement benefits, employment status, housing status, health insurance coverage, food security) • % and # of participants with improved mental, physical, and/or emotional well-being outcomes



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Key Activities

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

- Providing culturally responsive and evidence-based practices training for staff.
- Providing culturally responsive services at accessible times and locations for the target population.
- Providing education and information related to behavioral health services in Yolo County.
- Increasing access to primary care mental health and substance abuse treatment services for Latino/Hispanic residents of Yolo County, including weekly outreach activities and whole-person health screenings.
- Connecting Latino/Hispanic residents to entitlement supports as needed.

Program Updates FY 2018-19

IMPLEMENTATION STATUS

The program was implemented and achieved all objectives. The program's outreach portion is year-round and started strong in the first half of the program year. The Latino Promotore regularly visits local farms and worksites to provide information and resources to Latino male head of households. Secondly, the extended hours portion of the program were consistent each month. The Saturday and Monday evenings were a great addition to providing access to the community. Lastly, the third portion of program is the events hosted for farm workers. Traditionally these events take place during the third and fourth quarter of the program and they are on track to provide those opportunities in the spring and early summer months.

SUCCESS & CHALLENGES

During the first half of the fiscal year, program staff focused on building trust and relationships with individuals. Specifically, the Latino Promotore focused on providing mental health counseling information. The Promotore's messaging focused on destigmatizing seeking mental health services and, through this messaging, the Promotore connected four Latino male head of households to professional counseling that took place during extended hours. The program cited the challenge of obtaining permission from work sites to host onsite office hours. While some farms and worksites have been welcoming to the Latino Promotore, others have been challenging to make a connection. The program is continuing outreach to these worksites and asking those with existing relationships to spread the word about the program and its services.

PROJECTIONS FOR FY 2019-20

Decreasing the stigma of using mental health services among this population is challenging and requires regular outreach and education. Therefore, the program aims to increase the number of counseling sessions accessed. To do so, the program plans to increase the number of worksites that allow the program's Latino Promotore to host onsite office hours. The program expects to connect more Latino male head of households to professional mental health counseling services through these efforts.

Estimated individuals to be served: To be determined



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Consumers and Referrals

Individuals Served (Unduplicated)	435	Prevention:	197	Early Intervention:	0
Families Served:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Family Members Served:		0
Individuals with SMI Referred to Treatment:	NA*	Referrals to County Programs:	NA*	Referrals to Non-County Programs:	NA*
Number of Follow Throughs/Engagement:	NA*		Average Duration of Untreated Mental Illness:		NA*
Average Interval Between Referral and Participation in Treatment:			NA*		

*Program did not collect data on this variable.

Program Demographics

New Consumers

2nd Quarter	162
3rd Quarter	76
4th Quarter	124
Full year	362

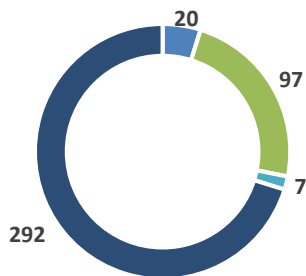
Returning Consumers

2nd Quarter	0
3rd Quarter	54
4th Quarter	73
Full year	73

Total Consumer Contacts

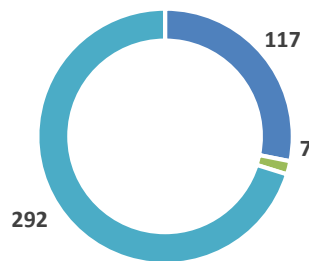
2nd Quarter	189
3rd Quarter	130
4th Quarter	197
Full year	516

Consumers Served by Age



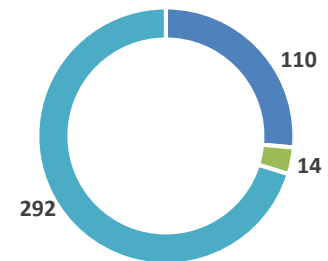
- Transitional Age Youth: 16-25 years old
- Adults 26-59
- Older Adult 60+
- Not recorded/ blank

Consumers Served by Sexual



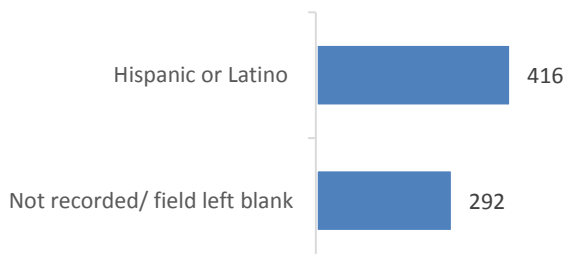
- Heterosexual or Straight
- Declined to state
- Not recorded/ blank

Consumers Served by Disabilities



- No, not disabled
- Yes, disability indicated
- Not recorded/ left blank

Consumers Served by Ethnicity



Demographic	Count
Consumers served by race: white	416
Consumers served by preferred language: Spanish	416
Consumers served by assigned sex: male	416
Consumers served by current gender identity: male	124
Consumers served by current gender identity: not recorded	292

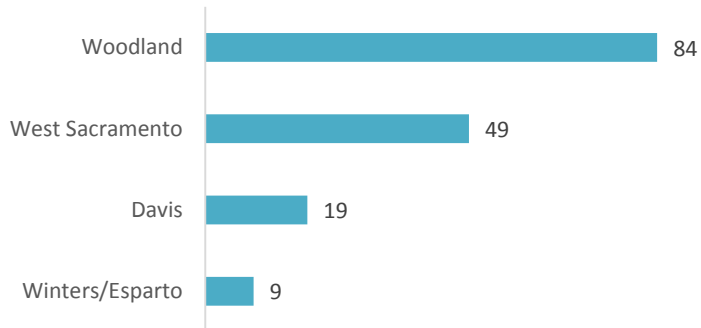




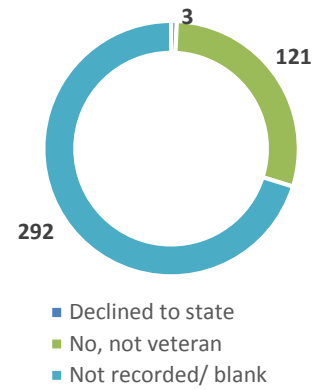
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Consumers Served by City of Residence



Consumers Served by Veteran



Outreach Setting				
Setting	2 nd Quarter	3 rd Quarter	4 th Quarter	Full Year
Family Resource Center	4	3	2	9
Other	9	5	6	20



PEI: Integrated Behavioral Health Services (IBHS) for Latino Communities

Program Overview

PEI Service Area:	<input type="checkbox"/> Prevention <input type="checkbox"/> Early Intervention <input type="checkbox"/> Access and Linkage to Treatment <input checked="" type="checkbox"/> Stigma and Discrimination Reduction <input type="checkbox"/> Suicide Prevention <input type="checkbox"/> Outreach for Increasing Recognition of Early Signs of Mental Illness <input type="checkbox"/> Improve Timely Access to Services for Underserved Populations			
	Status:	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuing	<input type="checkbox"/> Modification
Target Population:	<input type="checkbox"/> Children Ages 0 – 15	<input type="checkbox"/> Transitional Age Youth Ages 16 – 25	<input checked="" type="checkbox"/> Adult Ages 26 – 59	<input type="checkbox"/> Older Adult Ages 60+

Program Description

Formerly the Community Outreach Rural Engagement (CORE)/Creando Recursos y Enlaces Para Oportunidades (CREO) program, Integrated Behavioral Health Services (IBHS) for Latino Communities and Families 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 IBHS for Latino Communities and Families 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.

The multi-disciplinary team is integrated with primary care and behavioral health services and collaborates with agencies, schools, and the Mexican Consulate to reach the targeted population. The program provides services where the community feels most comfortable due to their vulnerability; therefore, most services are delivered through schools or churches. To develop trust and rapport with the target population, program staff recognize and honor the resilience consumers possess as a community and openly discuss the fears and challenges of being an immigrant.

CREO utilizes the following methods and activities to change attitudes, knowledge, and/or behavior regarding being diagnosed with mental illness and/or seeking mental health services:

- Educational presentations to schools, churches, Head Start, and community organizations.
- Education groups for participants and their friends and family
- Individual therapy
- Case Management
- Community connections with the Promotora
- Primary Care services

Performance Measurements

<i>1. How much did we do?</i>	<ul style="list-style-type: none"> • # of participants served • # of unduplicated participants served • # of participants identified as male heads of household
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	<ul style="list-style-type: none"> • Total # of participants who received services in Spanish as their preferred language • Total # of FTE Promotores actively involved in the program • Total # of Yolo County farm outreach events (minimum one farm per week) • Average # of participants at farm outreach events • Total # of Latino Male Farmworker Conferences (minimum two per year) • Total # of participants at each Latino Male Farmworker Conference • Total # of Drop-In Opportunities (minimum two per month; one Saturday and one weekday evening) • Average # of participants at Drop-In events
<p>2. <i>How well did we do?</i></p>	<ul style="list-style-type: none"> • % and # of participants who reported satisfaction with services (e.g., services were provided at a convenient time and location; program staff made me feel welcomed, connected me to resources in a timely manner, treated me with respect, respected my cultural background/beliefs, spoke to me using language that I understood) • Total # of participants referred to: <ul style="list-style-type: none"> ○ Primary Care services ○ Mental Health and/or Substance Use Disorder services ○ Other support services (e.g., health benefit enrollment, food resources, housing support) • Total # of participants referred to any service • Average interval (in days) between the referral and participation in treatment. Participation is defined as participating at least once in the treatment to which referred
<p>3. <i>Is anyone better off?</i></p>	<ul style="list-style-type: none"> • % and # of participants with reduced stigmatizing attitudes, knowledge, and/or behavior related to mental illness and seeking mental health services • % and # of participants who reported increased knowledge about resources (e.g., they learned new skills to help them in their mental wellness, how to better address health/mental health needs, access culturally sensitive health/mental health resources) • % and # of participants who completed a referral and engaged in treatment. Engagement is defined as participating at least once in the program to which they were referred, including: <ul style="list-style-type: none"> ○ Primary Care services ○ Mental Health and/or Substance Use Disorder services ○ Other support services (e.g., health benefit enrollment, food resources, housing support) • % and # of participants who, at follow-up, reported improved outcomes a result of RISE’s referral

Key Activities

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





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- Providing culturally competent and evidence-based practices training for staff.
- Providing counseling services in accessible locations at convenient times.
- Providing culturally competent services in English and Spanish.
- Using evidence-based practices and implemented quality-assurance practices.
- Increasing access to primary care mental health and substance abuse treatment services for Latino/Hispanic residents of Yolo County, including weekly outreach activities and whole-person health screenings.
- Connecting Latino/Hispanic residents to entitlement supports as needed.
- Providing screening, assessment, short-term solution-focused therapy, and access to psychiatric support for medication assistance to address mental health concerns.

Program Updates FY 2018-19

IMPLEMENTATION STATUS

The IBHS for Latino Communities program has been implemented with progress made to achieve its objectives.

SUCCESS & CHALLENGES

In FY 2018-19, the program saw improvement in participation in educational groups designed to engage participants in topics associated with mental health and the reduction of stigma. IBHS for Latino Communities had multiple external experts attend groups and provide topics on domestic violence, parenting teens, police safety and immigration.

They also experienced successful outreach to Yolo County schools to reach Spanish speaking parents in Woodland and West Sacramento and had an overall increase in the numbers of presentations to the community. While the increase of outreach and education has decreased stigma as seen through the increase of consumer enrollment, the program is now experiencing a long wait for therapy services.

PROJECTIONS FOR FY 2019-20

IBHS for Latino Communities and Families does not anticipate any changes to program services or activities.

Estimated individuals to be served: To be determined

Consumers and Referrals

Individuals Served (Unduplicated)	208	Prevention:	98	Early Intervention:	110
Families Served:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Family Members Served:	188
Individuals with SMI Referred to Treatment:	13	Referrals to County Programs:	NA*	Referrals to Non-County Programs:	NA*
Number of Follow Throughs/Engagement:	10			Average Duration of Untreated Mental Illness:	< 1 month
Average Interval Between Referral and Participation in Treatment:	3-4 months				

*Program did not collect data on this variable.



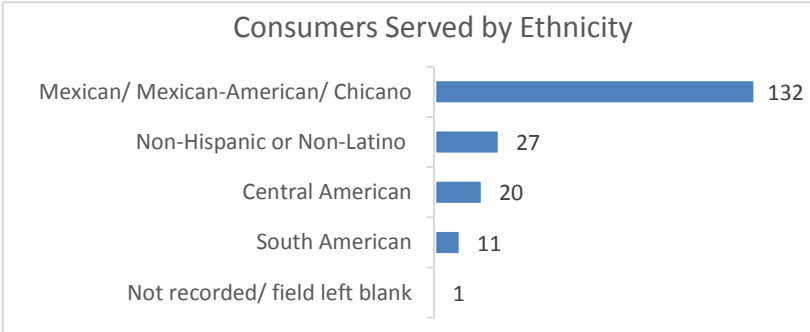
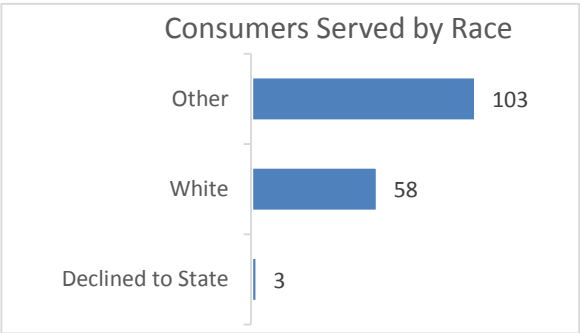


Program Demographics

New Consumers	
2nd Quarter	37
3rd Quarter	24
4th Quarter	27
Full year	118

Returning Consumers	
2nd Quarter	46
3rd Quarter	28
4th Quarter	24
Full year	98

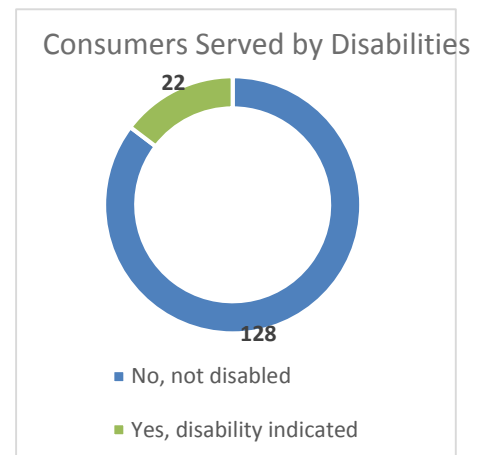
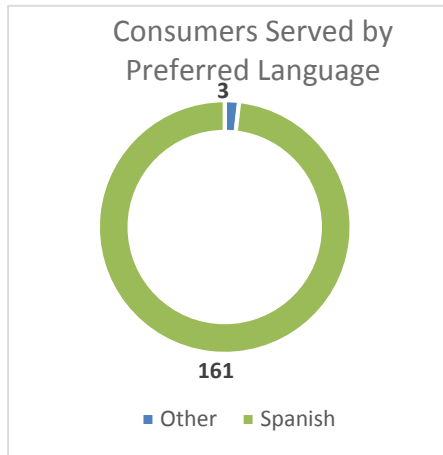
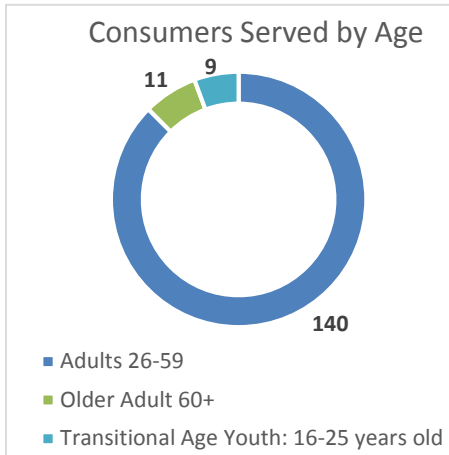
Total Consumer Contacts	
2nd Quarter	182
3rd Quarter	120
4th Quarter	216
Full year	856



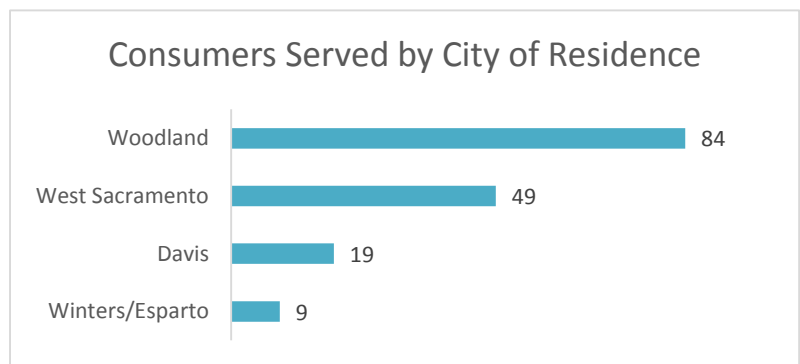


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Consumers Served by Sex Assigned at Birth	
Male	37
Female	127
Consumers Served by Current Gender Identity	
Male	37
Female	127



Outreach Events			
2 nd Quarter	3 rd Quarter	4 th Quarter	Full Year
<i>Number of Outreach Events Held</i>			
5	14	16	25
<i>Number of Outreach Participants</i>			
34	23	54	111

Outreach Setting			
Setting	3 rd Quarter	4 th Quarter	Full Year
Family Resource Center	1	1	2
Law Enforcement Department	1		1
Shelter		1	1
Support Group	12	12	24





LGBT+ Initiative

Program Overview				
PEI Service Area:	<input type="checkbox"/> Prevention <input type="checkbox"/> Early Intervention <input type="checkbox"/> Access and Linkage to Treatment <input checked="" type="checkbox"/> Stigma and Discrimination Reduction <input type="checkbox"/> Suicide Prevention <input type="checkbox"/> Outreach for Increasing Recognition of Early Signs of Mental Illness <input type="checkbox"/> Improve Timely Access to Services for Underserved Populations			
	Status:	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuing	<input type="checkbox"/> Modification
Target Population:	<input type="checkbox"/> Children Ages 0 – 15	<input checked="" type="checkbox"/> Transitional Age Youth Ages 16 – 25	<input checked="" type="checkbox"/> Adult Ages 26 – 59	<input checked="" type="checkbox"/> Older Adult Ages 60+

Program Description

In an effort to make their system more culturally responsive, Yolo HHSA implemented the LGBT+ Initiative to provide culturally responsive outreach and quality mental health services for LGBT+ consumers. This 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 apply those trainings with specific attention to the LGBT+ culture. The LGBT+ Initiative will support the outcomes of increasing the depth of cultural competency among HHSA staff, providers, and other partners; developing specialty roles that will support consumers with highly specific cultural needs; providing appropriate supervision to clinicians on cultural matters; and improving data collection.

The LGBT+ Initiative will support the outcomes of increasing the depth of cultural competency among HHSA staff, providers, and other partners, developing specialty roles that will support consumers with highly specific cultural needs, providing appropriate supervision to clinicians on cultural matters, and improve data collection. Ultimately, the initiative aims to increase the effectiveness of service outreach and engagement and culturally competent services to alleviate barriers that result in impairments related to safety, school failure, and suicide.

The LGBT+ Initiative identifies and implements inclusive practices and provides LGBT+ training and supervision to change attitudes, knowledge, and/or behavior regarding being diagnosed with mental illness and/or seeking mental health services.

Yolo HHSA is currently in the planning phase of establishing performance measurement practices and evaluation methodology for this program that include demonstrating program effectiveness for its intended population, how likely it is to reduce relevant MHSA negative outcomes, and that ensure fidelity to the program according to practice model/program design. Evaluation methods will reflect cultural competency.

Performance Measurements

Yolo HHSA has not created outcomes measures for this program.





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Key Activities

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

- Identifying LGBT+ consumers and current utilization of services
- Strengthen analysis and reporting tools and mechanisms to identify and provide appropriate services to LGBT+ community.

Program Updates

IMPLEMENTATION STATUS

The LGBTQ+/Cultural Competency program continued implementation in FY 18/19. Achievements were made toward Objective 1 – provide a basic level of cultural competency to all staff. Progress was also made towards Objective 2 – provide an expert level of cultural competency in specialty areas, including LGBT+ to select staff. Initial progress was made towards Objective 3 via PEI data collection.

SUCCESS & CHALLENGES

The LGBTQ+ Workgroup has continued meetings, consultations and communications to make progress with LGBTQ+ specific goals, objectives and activities. The Cultural Competence /Ethnic Services Manager, Cultural Competence Committee (CCC) and CCC's Workgroups (Latino and Hispanic Communities and Russian-speaking Communities) have continued efforts to increase cultural competency of all staff overall and in specialty areas. Please note the trainings and /or awareness events completed as of March 30, 2019:

1. LGBTQ+ Training: How to Be An Ally (2)
2. LGBTQ+ Training: How to Support LGBTQ+ Youth (2)
3. Spirituality and Behavioral Health
4. Client Culture: Transition Age Youth and Resiliency
5. Communicating with Diverse Individuals and Families, (Support Staff)
6. Cultural Competency Awareness: Language Line Solutions and Bilingual Resources, (Peer Support Workers)
7. Cultural Competency Awareness: Language Line Solutions and Bilingual Resources, (All Behavioral Health Staff)
8. African American History Month Awareness Event

The program reported the availability of staff members to participate in trainings and LGBTQ+ Workgroup meetings was a challenge and impacted by other work assignment responsibilities, priorities and demands. This challenge was addressed by creating email communication chain for feedback and planning for staff members unable to attend meetings or activities,

PROJECTIONS FOR FY 2019-20

The LGBT+/ Cultural Competency program anticipates services and activities will continue in FY 19/20 with continued support and funding, especially for the Cultural Competence/Ethnic Service Manager (CC/ESM). The current CC/ESM is scheduled to retire in October 2019. The program will accomplish the following key activities:

1. Implementation of LGBTQ+ Welcoming and Inclusive Environment Campaign, which will include the display of rainbow and safe zone stickers and education/training and support for staff members.





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2. Provision of LGBTQ+ specific trainings to 1) All Staff, 2) Medical Staff and 3) Non-Medical Direct Services Staff including TAY.
3. Provision of LGBTQ+ expert level supervision to practitioners serving LGBTQ+ population.
4. Additional progress with data collection (objective 3).

Estimated individuals to be served: To be determined

Trainings/ Events Completed

Trainings Provided:	7	Awareness Events:	3
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INN: First Responders Initiative

Program Overview

Component	Innovation			
Status:	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuing	<input type="checkbox"/> Modification	
Target Population:	<input type="checkbox"/> Children Ages 0 – 15	<input type="checkbox"/> Transitional Age Youth Ages 16 – 25	<input checked="" type="checkbox"/> Adult Ages 26 – 59	<input checked="" type="checkbox"/> Older Adult Ages 60+

Program Description

As part of the Three-Year planning process, stakeholders identified gaps in the crisis continuum of care as a critical need. To address this need, HHSA applied for and received Mental Health Services Act Oversight and Accountability Commission (MHSOAC) Triage Grant funding to develop the Crisis Intervention Program (CIP) that provides clinical staff to respond to mental health crises in partnership with five law enforcement agencies (LEA) in the County. The CIP program has been successful in 1) avoiding unnecessary Emergency Department (ED) and psychiatric hospitalization for persons served, and 2) building LEA capacity to respond to mental health emergencies and increasing collaboration between HHSA and LEAs. During this planning process to develop the MHSA Three-Year Program and Expenditure Plan for 2017-2020, stakeholders acknowledged CIP’s successes and identified the need to 1) expand the collaboration and capacity beyond LEAs to address mental health crises and 2) develop alternative drop-off locations for people who do not need emergency intervention but are too acute to remain where they are.

As such, HHSA and stakeholders developed the First Responders Initiative, which has three primary components.

- Multidisciplinary Forensic Team (MDFT):** HHSA modified the existing MDFT practice that exists in other California counties of facilitating a regular, ongoing case conference between LEAs and behavioral health staff to include all first responders (i.e. EMS, EDs, and fire). The purpose of the modified MDFT is to gather all emergency personnel who may encounter someone experiencing a mental health crisis with HHSA and contracted providers to develop a coordinated response for individuals who are likely to come into contact with first responders or have a history of repeated contact.
- Mental Health Urgent Care (MHUC):** HHSA explored the feasibility of a Crisis Stabilization Unit (CSU), but has determined that the County is too small to support a 24/7 CSU. Instead, the County designed a MHUC program that provides crisis intervention services to individuals and their families who do not meet criteria for a 5150 hold but require additional support. This also provides an additional location for first responders to drop off someone in need of mental health support; the facility
- Health Information Exchange (HIE):** In order to support a coordinated response for people with frequent contact with first responders, EDs, and HHSA crisis and other behavioral health services, HHSA and partners have identified a need to support health information sharing. Recognizing that this is a significant investment of time and resources, HHSA has reached out to the ED partners and health plans to begin the process of including this project as a part of a larger HIE initiative, currently underway.

The First Responder’s Initiative started in February of 2018.

Performance Measurements





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The following performance/evaluation data was identified as meaningful for the First Responder's Initiative. Defining these measures is a difficult and evolving process. Setting up systems to collect the data has also been challenging. For these reasons, we were able to define the measure but were unable to collect RBA data from the FY 17-18 reporting period.

How much did we do?

Total FTE's

of First Responders (Law Enforcement, Emergency Department, Emergency Medical Technician/Paramedic/Fire, Dispatch) and Homeless Outreach and other Behavioral Health staff and Community Members attending the Multi-Disciplinary Forensic Team meetings

of 911 calls with a disposition inducting a Behavioral/Mental Health (vs Physical Health) condition

of clients brought to the Mental Health Urgent Care location from First Responders

of non-hospital, outpatient service referrals provided from Mental Health Urgent Care staff to clients brought to the Mental Health Urgent Care by First Responders

How well did we do it?

% of First Responders, service providers, and clients reporting improved collaboration due to Multi-Disciplinary Forensic Team meetings

% of 911 calls for Behavioral/Mental Health condition in which client was brought to the Mental Health Urgent Care

% of clients brought to the Mental Health Urgent Care by First Responders who participated in follow-up County mental health services during the 3 months following an initial visit to the Mental Health Urgent Care

% of clients reporting they felt they were treated with respect/kindness by staff

Is anyone better off?

of 911 calls for a behavioral/mental health condition in which a Triage Form was completed and subsequently resulted in transport to an Emergency Department

% of 911 calls for behavioral/mental health in which a Triage Form was completed and subsequently resulted in transport to the Emergency Department

of hospital admissions for people experiencing a mental health crisis

% of hospital admissions for people experiencing a mental health crisis





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of arrests avoided due to Law Enforcement having the option to transport client to the Mental Health Urgent Care (as reported by Law Enforcement at drop off)

% of arrests avoided due to Law Enforcement having the option to transport client to the Mental Health Urgent Care (as reported by Law Enforcement at drop off)

of clients reporting an increase in wellness and recovery

% of clients reporting an increase in wellness and recovery

Demographic Data FY 17-18

The First Responder’s Initiative opened in February of 2018 and took time to set up and develop a team to implement sound systems for data collection. Because of this, demographic data collection did not begin until Quarter 4 of FY 17-18. Below is the data collected on individuals served.

Clients Served By Age	
Children 0-15	7
Transition Age Youth 16-25	18
Adult 26-59	72
Older Adult 60+	7
Declined to State	0
Not recorded /Field left blank	1
Clients Race	
American Indian or Alaska Native	2
Asian	1
Black or African American	12
Native Hawaiian or other Pacific Islander	1
White	34
Other	0
More than one race	2
Declined to State	13
Race not recorded /Field left blank	39
Clients Ethnicity	
Hispanic or Latino	
Caribbean	0
Central American	0
Mexican/Mexican-American/Chicano	12
Puerto Rico	2
South American	0
Other	1





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Declined to State	12
Not recorded/Field left Blank	78
Non-Hispanic or Non-Latino	
African	12
Asian Indian/South Asian	0
Cambodian	0
Chinese	0
Eastern European	2
European	3
Filipino	1
Japanese	0
Korean	0
Middle Eastern	0
Vietnamese	0
Other	14
More than one ethnicity	2
Declined to state ethnicity	12
Not recorded/Field left Blank	59

Clients Served By Preferred Language

English	95
Spanish	7
Russian	2
Other (Not a county threshold language)	0
Declined to State	0
Not recorded/Field left Blank	1

Clients Served By Sexual Orientation

Gay or Lesbian	3
Heterosexual or Straight	93
Bisexual	2
Questioning or unsure of sexual orientation	0
Queer	0
Another Sexual Orientation	0
Declined to State	3
Not recorded/Field left Blank	3

Clients Served With Physical Or Mental Impairment (Disability) Not a Result of Severe Mental Illness

Yes, Disability Indicated	29
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Communication Domain: Difficulty Seeing	3
Communication Domain: Difficulty hearing or having speech understood	4
Communication Domain: Other	5
Mental Domain: Not including mental illness (including but not limited to learning disabilities, developmental disabilities, or dementia)	10
Physical Mobility Domain: Physical or mobility issue	5
Chronic Health Condition: including but not limited to chronic pain	6
Other Disability:	6
No, Not disabled	60
Declined to State	10
Not recorded/Field left Blank	6

Clients Served By Sex Assigned at Birth

Males	57
Females	48
Declined to State	2
Not recorded/Field left Blank	1

Clients Served By Gender Current Gender Identity

Current Gender Identity: Male	55
Current Gender Identity: Female	46
Current Gender Identity: Transgender	1
Current Gender Identity: Genderqueer	0
Current Gender Identity: Questioning or unsure of gender identity	0
Current Gender Identity: Another Gender Identity	0
Current Gender Identity: Declined to State	3
Not recorded/Field left Blank	0

Clients Served by Veterans Status

Yes, Veteran	2
No, Not Veteran	98





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Declined to State	5
Not recorded/Field left Blank	0

Key Activities

- Providing crisis/triage and case management services.
- Increasing outreach activities.
- Providing an after-hours clinic for service access.
- Continuing to partner with local Emergency Departments (EDs), a Crisis Residential Facility homeless service providers, substance use service providers, community mental health providers, and various law enforcement agencies.

Program Updates

Program Updates FY 2018-19:

Implementation Status:

- Outreach activities were conducted at least weekly. UC Staff began to participate in a monthly Homelessness Multidisciplinary Team (MDT) meeting. The ASAM screening tool was successful implemented SUD clients, based on the County's start of the DMC OMS as of July 1, 2018
- An in-house approach to extensive MHSA data collection began, resulting in more rich information about all clients served at the UC.
- While an initial Multidisciplinary Forensic Team meeting occurred when the UC first opened, routine quarterly meetings did not start late in the FY.
- Sutter Health Nurse Practitioners (NP) were added to the daily staffing at the Mental Health Urgent Care. As a result, the team continued to provide crisis/triage and case management services throughout the noted reporting period, and then added medication evaluation services and medical screening in instances of crisis.
- In spite of UC staff temporarily discontinuing their participation in monthly Homelessness MDT meetings due to vacancies, extensive MHSA data collection continued. This resulted in six months of valuable data concerning clients served at the UC.
- *Success and Challenges:*
- The NPs (provided via a contract with Sutter) were not in place. As a result, there was an inability for the UC to address medication needs and/or co-occurring medical issues in clients.
- Various Law Enforcement agencies continue to fail to bring individuals placed on a 5150/5585 hold to the UC so that placement can be arranged by UC staff. In some instances, Law Enforcement elects to transport community members in need of crisis intervention and/or 5150/5585 evaluations directly to local EDs if they deem the UC to be geographically farther than the nearest hospital.
- Selection of an on-site Clinical Supervisor to further the UC team's service delivery and collaboration.
- Scheduling of Initial Assessment appointments with the UC clinicians.





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PROJECTIONS FOR FY 2019-20

- The inclusion of a new on-site Clinical Supervisor will help to develop and guide the UC team's service delivery and collaboration.
- UC Case Managers scheduling is being redesigned to better meet daily client flow/needs.

Estimated individuals to be served: To be determined



WET: Mental Health Professional Development

Program Overview

Component	Workforce, Education, and Training		
Status:	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuing	<input type="checkbox"/> Modification

Program Description

The Mental Health Professional Development program provides 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.

Professional Development programs include:

- **Staff Trainings:** Yolo HHSA provides trainings to clinical and front-office staff, prioritizing enhanced clinical training in evidence based approaches, including Dialectical Behavior Therapy (DBT) and Trauma Informed Approaches. In addition, an array of learning around cultural competency for all staff as well as orientation, initial training and ongoing professional development for the peer workforce was prioritized during the CPP process.
- **E-Learning:** E-Learning allows Yolo HHSA to provide distance learning opportunities and training in numerous topics to direct service providers, consumers, and family members. E-Learning will allow the development, delivery, and management of training(s) to our workforce. CEUs, which are necessary for many direct service providers to obtain annually, will also be accessible through many of the training topics provided through an E-Learning vendor.
- **Diagnostic and Statistical Manual of Mental Disorders, 5th Edition:** Yolo HHSA provides training to licensed and license-eligible staff around the changes that distinguish the DSM-V from the DSM-IV-TR, and how these updates will impact their clinical, documentation, and billing practices.
- **StrengthsFinder:** Yolo HHSA implemented Gallup’s StrengthsFinder, a method for determining and operationalizing personal strengths for effective implementation of services on teams, towards helping the county utilize strengths-based approaches in staff development and consumer services.
- **Perinatal Mental Health Services Training:** Training for providers across the healthcare system targeted at understanding perinatal mental health needs like postpartum depression.
- **Cultural Competence/Mental Health Resources:** Yolo HHSA continuously seeks out training guides and educational resources to provide ongoing competence-based and culturally competent training sessions for all direct service providers. Included in ensuring that staff, providers, consumers, family members, and the community have the most recent and comprehensive guides and resources available, Yolo HHSA will dedicate resources to updating Yolo211, HHSA’s website, county crisis cards, and other brochures.





WET: Peer Workforce Development Workgroup

Program Overview

Component	Workforce, Education, and Training		
Status:	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuing	<input type="checkbox"/> Modification

Program Description

The Peer Workforce Development Workgroup provides 1) Yolo County peer staff with an array of training and supports to develop their roles as direct service providers to consumers as well as their personal professional progress, and 2) addresses issues of benevolent stigma and implicit bias in the workplace. Peer staff comprise some of the workgroup membership, and the workgroup conducts research activities to inform its focus and any actions it enacts. These activities 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.

WET: Clinical Internship Program

Program Overview

Component	Workforce, Education, and Training		
Status:	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuing	<input type="checkbox"/> Modification

Program Description

The Clinical Internship program is designed to expand the existing stipend Intern Therapy Program connecting pre-degree Master’s level trainees and pre-Doctoral level psychology student interns with older adult consumers in the community to include consumers 18 years and older.

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

Intern therapists will provide psychotherapeutic services that draw upon a trans theoretical framework spanning social gerontology (for older adults), developmental, behavioral, cognitive, and health psychology. Yolo HHSA will ensure that Practicum and Intern Therapists receive the required level of clinical supervision and training. In order to implement this program, Yolo HHSA will assign supervisory responsibility to clinical teams.

It is expected that this program will not continue in FY 2019-20. While supportive for training students during the FY 2017-19, it was not reported to be a strong program by April, 2019. Unpaid interns at all levels of education will still be supported with training opportunities across HHSA’s mental health programs.



CFTN: Acquisition and Rehabilitation of Adult Residential Treatment Facility

Program Overview

Component	Capital Facilities and Technological Needs (CFTN)		
Status:	<input checked="" type="checkbox"/> New	<input type="checkbox"/> Continuing	<input type="checkbox"/> Modification

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.

CFTN funds are set aside for the acquisition and remodeling of a site for the ART.



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MHSA Annual Update for FY 2019-2020

MHSA Program Expenditure Updates

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



Yolo County Health and Human Services Agency

MHSA Annual Update for FY 2019-2020

FY 2019/20 Mental Health Services Act Annual Update Funding Summary

County: Yolo

Date: March 2019

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2019/20 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years*	10,757,363	3,019,278	618,952	0	1,015,476	
2. Estimated New FY 2019/20 Funding	7,194,611	1,800,153	473,435			
3. Transfer in FY 2019/20 ^{a/}	(2,000,000)			1,000,000	1,000,000	0
4. Access Local Prudent Reserve in FY 2019/20	0	0				0
5. Estimated Available Funding for FY 2019/20	15,951,974	4,819,431	1,092,387	1,000,000	2,015,476	
B. Estimated FY 2019/20 MHSA Expenditures	9,277,025	2,345,778	981,287	589,057	1,333,000	
C. Estimated FY 2019/20 Unspent Fund Balance	6,674,949	2,473,653	111,099	410,943	682,476	

D. Estimated Local Prudent Reserve Balance**	
1. Estimated Local Prudent Reserve Balance on June 30, 2019	514,069
2. Contributions to the Local Prudent Reserve in FY 2019/20	0
3. Distributions from the Local Prudent Reserve in FY 2019/20	0
4. Estimated Local Prudent Reserve Balance on June 30, 2020	514,069

*Based on Reversion Tables issued 3/28/18 and projected FY1819 spending as of 2/20/19

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

** Pursuant to SB192 and DHCS IN 19-017, each county must calculate an amount to establish its prudent reserve that does not exceed 33 percent of the average amount allocated to the CSS component in FY 2013-14, FY 2014-15, FY 2015-16, FY 2016-17, and FY 2017-18.





Yolo County Health and Human Services Agency

MHSA Annual Update for FY 2019-2020

**FY 2019/20 Mental Health Services Act Annual Update
Community Services and Supports (CSS) Funding**

County: Yolo

Date: March 2019

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Children's Mental Health Services	1,117,053	757,053	360,000			
2. Pathways to Independence	846,058	626,058	220,000			
3. Adult Wellness Alternatives	4,006,204	2,791,204	1,215,000			
4. Older Adult Outreach and Assessment	882,336	702,336	180,000			
5. Mobile Tele-Mental Health Services	6,534	6,534				
6. Adult Residential Treatment Center	275,000	275,000				
Non-FSP Programs						
1. Children's Mental Health Services	944,694	665,128	279,566			
2. Pathways to Independence	485,336	335,336	150,000			
3. Adult Wellness Alternatives	1,259,178	809,178	450,000			
4. Older Adult Outreach and Assessment	301,652	221,652	80,000			
5. Mobile Tele-Mental Health	129,146	64,146	65,000			
6. Community-Based Drop-In Navigation Center	844,411	844,411				
7. Peer and Family Member-Led Support Services	125,602	125,602				
CSS Administration*	1,154,385	1,053,385				101,000
CSS MHSA Housing Program Assigned Funds	0	0				
Total CSS Program Estimated Expenditures	12,377,591	9,277,025	2,999,566	0	0	101,000
FSP Programs as Percent of Total	76.9%					

*For budget purposes, includes CPP expenses





Yolo County Health and Human Services Agency

MHSA Annual Update for FY 2019-2020

**FY 2019/20 Mental Health Services Act Annual Update
Prevention and Early Intervention (PEI) Funding**

County: Yolo

Date: March 2019

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Access and Linkage						
1. Early Childhood MH Access and Linkage	225,000	225,000				
2. School Based Access & Linkage (Urban)	250,000	250,000				
3. School Based Access & Linkage (Rural)	135,400	135,400				
4. TAY Wellness Center Services	380,127	380,127				
Early Intervention						
5. School Based Mentorship/Strengths Building (Urban)	250,000	250,000				
6. School Based Mentorship/Strengths Building (Rural)	170,000	170,000				
7. Senior Peer Counseling	48,400	48,400				
Prevention						
8. Youth Early Intervention Program	101,985	51,985	50,000			
Outreach for Increasing Recognition of Early Signs of Mental Illness						
9. Early Signs Training and Assistance	325,415	325,415				
10. Crisis Intervention Training (CIT)	50,000	50,000				
11. SB82 Crisis Intervention Program Augmentation (CIP)	0	0				
Stigma and Discrimination Reduction						
12. TAY Speakers' Bureau	20,295	20,295				
13. Latino Outreach/MH Promotores Program	257,500	257,500				
14. LGBT+ Initiative	73,686	73,686				
PEI Administration	107,970	107,970				
PEI Assigned Funds	0	0				
Total PEI Program Estimated Expenditures	2,395,778	2,345,778	50,000	0	0	0





Yolo County Health and Human Services Agency

MHSA Annual Update for FY 2019-2020

**FY 2019/20 Mental Health Services Act Annual Update
Innovation (INN) Funding**

County: Yolo

Date: March 2019

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. First Responders' Initiative: MH Urgent Care	502,400	364,687	137,713			
2. First Responders' Initiative: HIE	592,000	592,000				
INN Administration	24,600	24,600				
Total INN Program Estimated Expenditures	1,119,000	981,287	137,713	0	0	0





Yolo County Health and Human Services Agency

MHSA Annual Update for FY 2019-2020

**FY 2019/20 Mental Health Services Act Annual Update
Workforce, Education, Training (WET) Funding**

County: Yolo

Date: March 2019

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. WET Coordinator	90,045	90,045				
2. Mental Health Professional Development	472,500	472,500				
3. Clinical Internship Program	0	0				
4. Psychiatry Residency Internship	0	0				
5. Peer Workforce Development Workgroup	26,511	26,511				
WET Administration	0	0				
Total WET Program Estimated Expenditures	589,057	589,057	0	0	0	0

**FY 2019/20 Mental Health Services Act Annual Update
Capital Facilities/ Technological Needs (CFTN) Funding**

County: Yolo

Date: March 2019

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Acquisition & Rehab: Adult Residential Treatment	1,000,000	1,000,000				
CFTN Programs - Technological Needs Projects						
1. IT Hardware, Software, Subscription Services	333,000	333,000				
CFTN Administration	0	0				
Total CFTN Program Estimated Expenditures	1,333,000	1,333,000	0	0	0	0





Yolo County Health and Human Services Agency

MHSA Annual Update for FY 2019-2020

FY 2019/20 Mental Health Services Act Annual Update

FY 2018/19 Prudent Reserve Calculation

County: Yolo

Date: March 2019

	MHSA Allocation
A. Distributions from Mental Health Services Fund (MHSF)	
1. FY 2013-14	6,592,242
2. FY 2014-15	9,226,352
3. FY 2015-16	7,649,134
4. FY 2016-17	9,988,012
5. FY 2017-18	10,880,653
6. Sum of distributions	44,336,392
B. Amount allocated to CSS (Sum multiplied by 76%)	33,695,658
C. Average amount allocated to CSS (B. divided by 5)	6,739,132
D. Prudent Reserve maximum (C. multiplied by 33%)	2,223,913

E. Estimated Local Prudent Reserve Balance**	
1. Estimated Local Prudent Reserve Balance on June 30, 2019	514,069
2. Contributions to the Local Prudent Reserve in FY 2019/20	0
3. Distributions from the Local Prudent Reserve in FY 2019/20	0
4. Estimated Local Prudent Reserve Balance on June 30, 2020	514,069

** Pursuant to SB192, W&I section 5892(b)(2), and DHCS Information Notice 19-017, each county must calculate an amount to establish its prudent reserve that does not exceed 33 percent of the average amount allocated to the CSS component in FY 2013-14, FY 2014-15, FY 2015-16, FY 2016-17, and FY 2017-18.





Yolo County Health and Human Services Agency

MHSA Annual Update for FY 2019-2020

State of California
Health and Human Services Agency

Department of Health Care Services

**MENTAL HEALTH SERVICES ACT PRUDENT
RESERVE ASSESSMENT/REASSESSMENT**

County/City: Yolo County

Fiscal Year: FY 2018-19

Local Mental Health Director

Name: Karen Larsen

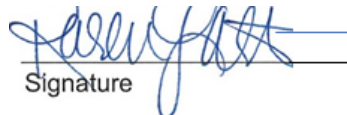
Telephone: (530) 666-8651

Email: Karen.Larsen@yolocounty.org

I hereby certify⁶ under penalty of perjury, under the laws of the State of California, that the Prudent Reserve assessment/reassessment is accurate to the best of my knowledge and was completed in accordance with California Code of Regulations, title 9, section 3420.20 (b).

Karen Larsen

Local Mental Health Director (PRINT NAME)


Signature

04/03/2019

Date

⁶ Welfare and Institutions Code section 5892 (b)(2) DHCS 1819 (02/19)





Yolo County Health and Human Services Agency

MHSA Annual Update for FY 2019-2020



Appendices







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

YOLO COUNTY: MHSA ANNUAL UPDATE 2018-2019 COMMUNITY MEETINGS

September 2018

Roberta Chambers, PsyD
Kelechi Ubozoh

Welcome to the Community Planning Meeting!



Please share:

- Your name
- Where you are from
- Why you chose to spend your day at this meeting

Goals for the Day

 Share information about the Mental Health Services Act	 Respond to your questions
 Gather your feedback about community mental health needs	 Discuss what updates you want to make to the plan

Community Agreements

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



Roles and Responsibilities



```

    graph LR
      A[Stakeholders provide input, counsel, and feedback] --> B[HHS directs plan development and implementation]
      B --> C[Local Mental Health Board provides strategic guidance]
      C --> D[Board of Supervisors approves plan]
      D --> E[RDA supports CPP process and writing]
  
```

OVERVIEW OF MENTAL HEALTH SERVICES ACT HISTORY & COMMUNITY PLANNING PROCESS

What is the MHSA? Why does it exist?






Yolo County Health and Human Services Agency

MHSA Annual Update for FY 2019-2020

What is the Mental Health Services Act?

- Historically, California's mental health system has been underfunded and inadequate for those with serious mental health needs.
- Advocates campaigned for better mental health services, and in 2004 California Voters passed MHSA (Prop 63).
- MHSA taxes those who make over \$1 million
 - Provides a 31% increase to the MH budget.
 - Funds programs to expand and transform the mental health system to address the needs of the underserved.
- Why does that matter to communities?
 - Communities receive additional funding specifically targeted to the un, under, and inappropriately served.

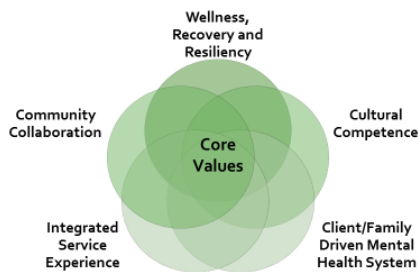


Community Planning Process

The MHSA intends for stakeholders to meaningfully contribute to the **planning, design, implementation, and evaluation** of MHSA-funded programs

- 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

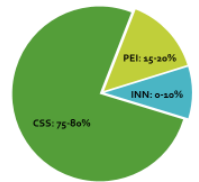
MHSA Core Values



MHSA Components

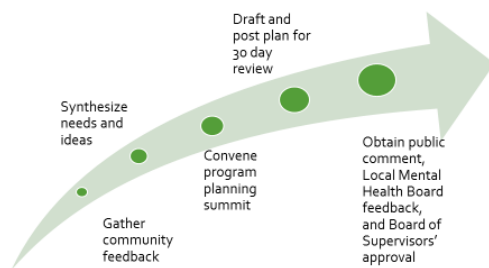
CSS: Community Services & Supports • Outreach and direct services for those with serious mental health needs	PEI: Prevention & Early Intervention • Prevention to promote wellness and reduce the impact of mental health problems • Early intervention to address emerging mental health needs	INN: Innovation • Funding to test new approaches to improve access, collaboration, and/or service outcomes
CFTN: Capital Facilities & Technology Needs Infrastructure development to support electronic health records and facilities	WET: Workforce Education & Training Support to build, retain, and train a competent public mental health workforce	

MHSA County Funding*



*Counties received 10-year allocations for WET and CFTN activities

MHSA Annual Update Process



What is currently funded for Children and Youth?

	Program	Program Description		Program	Program Description
PEI	Early Childhood Access & Linkage to Service Program	Implements universal screening and service linkage. Strengthens identification and linkage to services for children and identifies the appropriate level of care.	PEI	School-based Access & Linkage to Services	Strengthens identification and linkage to services for youth and young adults and identifies the appropriate level of care.
PEI	School and Community-based Mentorship Program	Provides school-based educational presentations about mental health. Creates afterschool mentorship and activity-based resiliency programming.	PEI	TAY Wellness Center	Provides activity-based, socialization, and recovery-focused services.
PEI	TAY Early Intervention Program	Services for youth that are beginning to develop mood or anxiety-related serious mental illness. <i>*UC Davis will serve youth experiencing a First Episode Psychosis/first break outside of MHSA funding</i>	PEI	TAY Speaker's Bureau	Reduces stigma and discrimination through creation of a TAY Speaker's Bureau.
CSS	Children's Mental Health Services	Outreach and engagement to connect children/families to services. System Development: Services for children with mild to moderate needs. Full Service Partnership: Services for children with the highest level of mental health need.	PEI	Pathways to Independence	Outreach and Engagement at TAY Wellness Centers for service connection System Development: Services for TAY with mild to moderate needs. Full Service Partnership: Services for TAY with the highest level of need.





Yolo County Health and Human Services Agency

MHSA Annual Update for FY 2019-2020

What is currently funded for Adults and Older Adults?

Program	Program Description
PEI Community Based Drop in Navigation Centers	Community-based drop-in centers provide recovery-based socialization, activity-based programming, and case management.
CSS Adult Wellness: Alternatives SD/FSP	Current adult full service partnership (FSP) program which includes the Wellness Centers with expanded service hours and more formalized programming based in evidence based practices (EBPs).
ACT/AOT	This refers to the contracted ACT team that serves the highest level of FSP as well as consumers enrolled in AOT.

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How is MHSA Supporting your Workforce?

Program	Program Description
Cultural Competency/ LGBT+ Initiative	Targeted support to improve cultural competency mental health service provision across the system.
Peer Workforce Development Workgroup	Workgroup inclusive of peer staff that strengthens the onboarding, training, and supervision to peer support staff and considers EBPs in peer support model, and works to increase inclusion of peer workforce across the agency.
Mental Health Professional Development	Provides training on emerging and best practices, will expand to include new training for DSM-V, trauma-informed care, motivational interviewing, CBT, and include Gallup's Strengths Finder.
Perinatal Mental Health Services Training	Training for providers across the healthcare system targeted at understanding perinatal mental health needs like postpartum depression.
Psychiatry Residency Program Development	Through partnership with UC medical schools, this program trains psychiatric residents and encourages them to enter the public mental health workforce.
Clinical Internship Program	Initiatives to develop a more robust intern training program for master's level clinical staff and continued commitment to developing the psychiatric residency program with UCSD.

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What Programs are available across the Lifespan?

Program Name	Program Description
Early Signs Project: Crisis Intervention Team (CIT) Training	Trains law enforcement and other first responders to recognize the signs of mental illness when responding to a person experiencing a mental health crisis.
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.
Integrated Behavioral Health Services for Latino Community and Families	Provides culturally responsive services to Latino/Hispanic residents with health issues, mental health illnesses, and/or substance use issues and includes primary care and full-scope behavioral health services to consumers, focused on engaging the family system and strategies for engaging men.
Early Signs Project: Crisis Intervention Program	This program pairs community-based behavioral health providers with law enforcement to respond to community mental health crisis.
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.

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What is currently funded for technology and facilities ?

Program Name	Program Description
Adult Wellness Centers	Wellness centers with a variety of rehabilitative services, skill building groups, and computer labs with internet access.
Adult Residential Treatment Program	Facility that provides a community-based residential treatment alternative for adults at risk of falling back into Mental Health Rehabilitation Center (MHCs.)
Tele Psychiatry	Provides psychiatric services to clients through live, interactive audio videoconferencing during which Yolo HHS staff facilitate the consultation between the client and the psychiatrist, taking special care in ensuring the privacy, confidentiality, and informed consent of the client.
Electronic Health Record and Data Upgrades	Updating information systems and software systems, standardizing data collection, improving the electronic documentation system, and strengthening analytic and reporting process.
LGBT+ Data Collection	This initiative focuses on 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.
Social Media Initiative	This program explores social media and mobile applications that includes social media management tools that run automatic analytics.

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Year in Review

New SB 82 grants awarded for children and youth crisis staffing	Mental Health Urgent Care opened	No Place Like Home initiative	Legislature currently considering changes to PEI regulations (SB 1004)
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How'd we do?

What have we accomplished?	What programs and services stand out?	What programs and/or services might not be working as well?
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What's left?

Who isn't getting services?	What types of programs and services are missing?
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We want to hear from you!

What programs and services should we **continue** as they are?

What programs and services should we consider **changing**?

What programs and services do we **not need**?

What **new programs** might benefit the community?





Yolo County Health and Human Services Agency

MHSA Annual Update for FY 2019-2020

Next Steps



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GIVE US YOUR FEEDBACK!



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RDA Team

<p>Roberta Chambers, PsyD Project Director rchambers@resourcedevelopment.net</p>	<p>Kelechi Ubozoh Project Manager kubozoh@resourcedevelopment.net</p>	<p>Lupe Garcia Project Analyst lgarcia@resourcedevelopment.net</p>
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Appendix II: MHSA Community Program Planning Process: Community Planning Summit PowerPoint

YOLO COUNTY: MHSA ANNUAL UPDATE 2018-2019 COMMUNITY MEETING

October 16, 2018

Roberta Chambers, PsyD
Kelechi Ubozoh

Agenda

- Welcome and Introductions
- MHSA Overview
- Needs Assessment Findings
- System of Care Workgroups
- Community Wide Initiatives
- Close and Next Steps

Welcome to the Community Planning Meeting!



Please share:

- Your name
- Where you are from
- What you hope to accomplish today

Goals for the Day

-  Share information about the Mental Health Services Act
-  Provide updates to your questions
-  Present and validate the community mental health needs
-  Work on the updates to the plan

Community Agreements

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



OVERVIEW OF MENTAL HEALTH SERVICES ACT HISTORY & COMMUNITY PLANNING PROCESS

What is the MHSA? Why does it exist?






What is the Mental Health Services Act?

- Historically, California's mental health system has been underfunded and inadequate for those with serious mental health needs.
- Advocates campaigned for better mental health services, and in 2004 California Voters passed MHSA (Prop 63).
- MHSA taxes 1% on incomes over \$1 million
 - Funds programs to expand and transform the mental health system to address the needs of the underserved.
- Why does that matter to communities?
 - Communities receive additional funding specifically targeted to the un, under, and inappropriately served.



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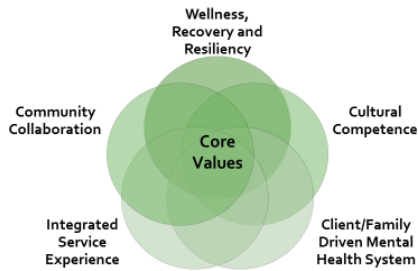
Community Planning Process

The MHSA intends for stakeholders to meaningfully contribute to the **planning, design, implementation, and evaluation** of MHSA-funded programs

- 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

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MHSA Core Values



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MHSA Components

CSS: Community Services & Supports

- Outreach and direct services for those with serious mental health needs

PEI: Prevention & Early Intervention

- Prevention to promote wellness and reduce the impact of mental health problems
- Early intervention to address emerging mental health needs

INN: Innovation

- Funding to test new approaches to improve access, collaboration, and/or service outcomes

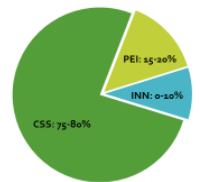
CFTN: Capital Facilities & Technology Needs

- Infrastructure development to support electronic health records and facilities

WET: Workforce Education & Training

- Support to build, retain, and train a competent public mental health workforce

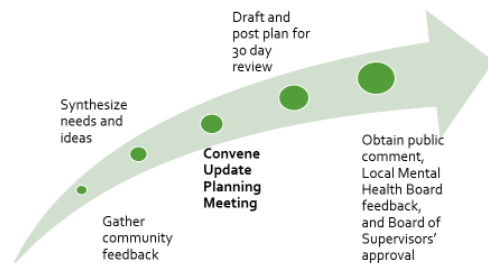
MHSA County Funding*



*Counties received 10-year allocations for WET and CFTN activities

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MHSA Annual Update Process



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Roles and Responsibilities



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Yolo County Health and Human Services Agency

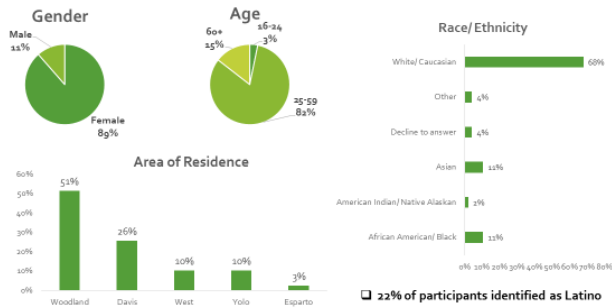
MHSA Annual Update for FY 2019-2020

Summary of Community Learnings

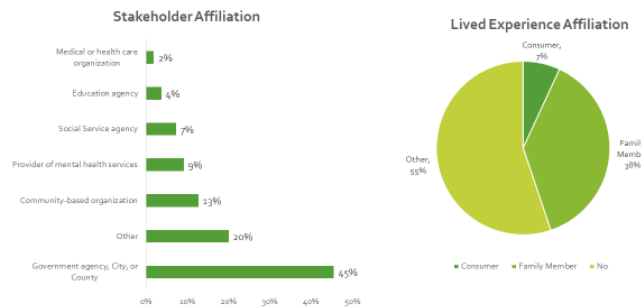
Community Planning Process Activities

Locations	Participants	Total Participants
West Sacramento	County staff	73
Knights Landing	Community-based providers Education stakeholders	
Esparto	Community members: Consumers	
Woodland (2)	Family members	
Davis	Social Service agencies	

Community Input Meeting Demographics

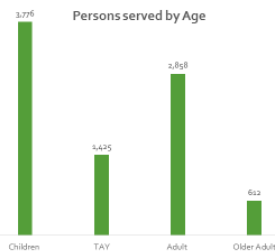


Community Input Meeting Demographics



MHSA-funded System of Care

Served 11,642 people by MHSA programs*



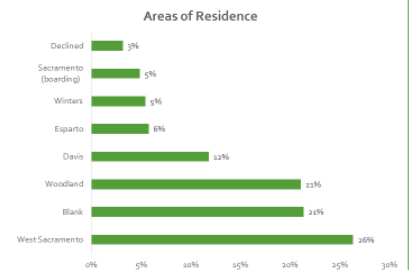
Component	# of People Served
Prevention	8,487
Early Intervention	2,317
CSS	733**
Innovation (INN)	105

*Based on available data
** Does not include Children's Outreach & Engagement Data

Who Was Served by MHSA in FY17-18?

Gender Identity	Clients Served
Female	38%
Male	43%
Trans/ Genderqueer/ Another	1%
Unknown	19%

Preferred Language	Clients Served
English	77%
Spanish	18%
Russian	1%
Other	2%





Yolo County Health and Human Services Agency

MHSA Annual Update for FY 2019-2020

What is currently funded for Children?

MHSA	Program	Program Description	Provider	Total Clients Served
PEI	Early Childhood Access & Linkage to Service Program	Implements universal screening and service linkage. Strengthens identification and linkage to services for children and identifies the appropriate level of care.	First Five Yolo	1,618
PEI	School and Community-based Mentorship Program	Provides school-based educational presentations about mental health. Creates afterschool mentorship and activity-based resiliency programming.	Victor Community Support Services (Urban) RISE (Rural)	Urban: 5,513 Rural: 422
CSS	Children's Mental Health Services	Outreach and engagement to connect children/families to services.	Yolo HHSA	Data pending
CSS	Children's Mental Health Services	System Development: Services for children with mild to moderate needs.	Turning Point / Communicare	373
CSS	Children's Mental Health Services	Full Service Partnership: Services for children with the highest level of mental health need.	HHSA	16
CSS	Children's Mental Health Services	Full Service Partnership: Services for children with the highest level of mental health need.	Turning Point	19

What is currently funded for TAY?

MHSA	Program	Program Description	Provider	Total Clients Served
PEI	School-based Access & Linkage to Services	Strengthens identification and linkage to services for youth and young adults and identifies the appropriate level of care.	Victor Community Support Services (Urban) RISE (Rural)	Urban: 59 Rural: 75
PEI	TAY Wellness Center	Provides activity-based, socialization, and recovery-focused services.	Yolo HHSA & Woodland Community College	49
PEI	TAY Early Intervention Program	Services for youth that are beginning to develop mood or anxiety-related serious mental illness. <i>*UC Davis will serve youth experiencing a First Episode Psychosis/First break outside of MHSA funding</i>	Yolo HHSA	Starting FY 2018-19
SDR	TAY Speaker's Bureau	Reduces stigma and discrimination through creation of a TAY Speaker's Bureau.	Yolo HHSA	Starting FY 2018-19
CSS	Pathways to Independence	Outreach and Engagement, System Development, and FSP services at TAY Wellness Centers	Yolo HHSA	134

Children & TAY System of Care Needs

What are you funding?	What's working?	What issues remain?
<ul style="list-style-type: none"> Early Childhood Access & Linkage to Service Program School and Community-based Mentorship Program Children's Mental Health Services School-based Access & Linkage to Services TAY Wellness Center TAY Early Intervention Program TAY Speaker's Bureau Pathways to Independence 	<p>The Three- year plan focused on building screening, access, and linkage.</p> <p>500+ children were screened, and 153 children were referred for mental health services.</p> <p>The system added one new children and TAY clinician to support mental health service delivery</p>	<p>Screening and assessment is working well but linkage to services is an ongoing barrier due to service availability</p> <p>MHSA, EPSDT, and other children's MH services have been at capacity.</p> <p>There are limited options for children in a mental health crisis</p> <p>Specialty Populations More support needed for children with eating disorders Care coordination and linkage for cross-system youth (CSEC, foster and justice involved youth)</p>

What is currently funded for Adults?

	Program	Program Description	Providers	Total Clients Served
PEI and CSS	Community Based Drop in Navigation Centers	Community-based drop-in centers provide recovery-based socialization, activity-based programming, and case management.	Yolo HHSA	Starting FY 2018-19
CSS	Adult Wellness: Alternatives SD/FSP	Current adult full service partnership (FSP) program which includes the Wellness Centers with expanded service hours and more formalized programming based in evidence based practices (EBPs).	Yolo HHSA & Turning Point	272
	ACT/AOT	This refers to the contracted ACT team that serves the highest level of FSP as well as consumers enrolled in AOT.	Yolo HHSA & Turning Point	57

What is currently funded for Older Adults?

	Program	Program Description	Providers	Total Clients Served
PEI	Wellness Project: Senior Peer Counselor Volunteers	Peer support for older adults at risk of losing their independence.	Citizens Who Care	471
		Outreach and Engagement: Strategy to help identify adults and older consumers in need of services.	Yolo HHSA	Data pending
CSS	Older Adult Outreach and Assessment	System Development (SD): Services for older adults with a mild to moderate mental health need.	Yolo HHSA	35
		Full Service Partnership (FSP): Services for older adults with the highest level of mental health need.	Yolo HHSA	27

Adult & Older Adult System of Care

What are you funding?	What's working?	What issues remain?
<ul style="list-style-type: none"> Community Based Drop in Navigation Centers Adult Wellness: Alternatives SD/FSP ACT/AOT Wellness Project: Senior Peer Counselor Volunteers Older Adult Outreach and Assessment 	<ul style="list-style-type: none"> The majority of the feedback was about crisis services and housing supports, suggesting that issues from previous planning cycles have been addressed. Consumers have more immediate supports with the Mental Health Urgent Care 	<p>Mental health consumers escalating into a crisis need a mental health intervention before symptoms worsen. Full-Service Partnership has limited criteria which does not allow lower risk to access case management services and additional therapy</p> <p>There is concern about Pine Tree Garden and its sustainability. The LMHB formed a subcommittee to address.</p> <p>Due to stigma/NIMBY, it is difficult for the county to identify locations to site mental health programs, including supportive housing.</p> <p>Mental Health Urgent Care is a new program with questions about access and services.</p> <p>Cross-system care coordination and linkage for individuals transitioning out of hospitals and reentering community can be improved. More capacity is needed for Mental Health Court.</p>





System of Care Planning

Children and TAY System of Care Planning

Vision: Create a seamless process for children and youth with mental health needs to get timely access to the appropriate level of services.

Strengthened providers' ability to screen for mental health services

Hired a new children and TAY mental health clinician

Yolo FSA, a large children's mental health provider, closed

Contracted for several new children's programs that double previous capacity

Children and Youth System of Care (FY17-18)

Screening, Access & Linkage programs refer to:

Prevention and Early Intervention (PEI) funded programs	Education Related Mental Health Services (ERMHS)	Beacon Health Options	Early Periodic Screening, Assessment, and Treatment (EPSDT)/ Children's Medi-Cal	Full Service Partnership (FSP)
<ul style="list-style-type: none"> To prevent the development of mental health problems 	<ul style="list-style-type: none"> To support mental health issues that interfere with school 	<ul style="list-style-type: none"> To address mild to moderate mental health concerns 	<ul style="list-style-type: none"> To treat severe mental health problems 	<ul style="list-style-type: none"> To serve children and youth with the highest level of mental health need

Children and Youth System of Care (FY18-19)

Screening, Access & Linkage programs refer to:

Prevention and Early Intervention (PEI) funded programs	Education Related Mental Health Services (ERMHS)	Beacon Health Options	Early Periodic Screening, Assessment, and Treatment (EPSDT)/ Children's Medi-Cal	Full Service Partnership (FSP)
<ul style="list-style-type: none"> To prevent the development of mental health problems 	<ul style="list-style-type: none"> To support mental health issues that interfere with school 	<ul style="list-style-type: none"> To address mild to moderate mental health concerns 	<ul style="list-style-type: none"> To treat severe mental health problems 	<ul style="list-style-type: none"> To serve children and youth with the highest level of mental health need

Children and Youth System of Care (FY19-20)

Screening, Access & Linkage programs refer to:

Prevention and Early Intervention (PEI) funded programs	Education Related Mental Health Services (ERMHS)	Beacon Health Options	Early Periodic Screening, Assessment, and Treatment (EPSDT)/ Children's Medi-Cal	Full Service Partnership (FSP)
<ul style="list-style-type: none"> To prevent the development of mental health problems 	<ul style="list-style-type: none"> To support mental health issues that interfere with school 	<ul style="list-style-type: none"> To address mild to moderate mental health concerns 	<ul style="list-style-type: none"> To treat severe mental health problems 	<ul style="list-style-type: none"> To serve children and youth with the highest level of mental health need

Community Planning Questions

How can service providers join Beacon's provider network to serve children with mild to moderate symptoms?

With the addition of new children's services, how do we ensure that children are getting to the right level of care?

Is there anything else that gets in the way of children, youth, and families getting what they need?

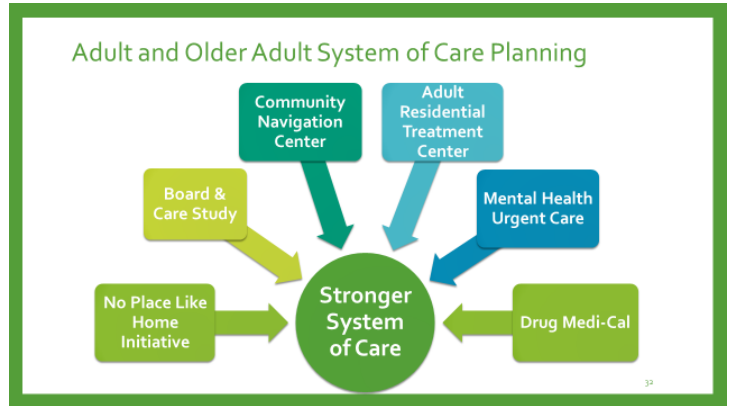




Adult and Older Adult System of Care Planning

Vision: Ensure that adults and older adults have access to the full range of mental health services and supports, including crisis and housing.

- Conducted a Board & Care Study
- Funded Community Navigation Centers
- Opened new Mental Health Urgent Care



What is getting in the way of the vision?

Housing Needs & Mental Health Stigma

- County is facing start-up challenges with citing locations for some new Mental Health programs
- There are a lot of programs (outside of mental health) with a range of housing options but information is not centralized throughout the County, making resources difficult to access

Mental Health Urgent Care & Crisis

- Mental Health Urgent Care is brand new and facing some implementation challenges. Consumers and families need improved clarity on services available/ what to expect when visiting the Mental Health Urgent Care.

Community Planning Questions

How do we collaborate on community education and mental health information distribution, to support quick opening of new programs?

How can we understand and maximize current and new housing resources?

How do we support the Mental Health Urgent Care to work through early implementation challenges?

Community-Wide Initiatives

What Programs are available across the Lifespan?

Program Name	Program Description	Providers	Trained
Early Signs Project: Crisis Intervention Team (CIT) Training	Trains law enforcement and other first responders to recognize the signs of mental illness when responding to a person experiencing a mental health crisis.	Disability Response	594
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.	Yolo HHSA	471
Suicide Prevention Training	Trains individuals to identify the signs of suicidality and support individuals in crisis with support.	Suicide Prevention of Yolo County	3,230
Integrated Behavioral Health Services for Latino Community and Families	Provides culturally responsive services to Latino/Hispanic residents with health issues, mental health illnesses, and/or substance use issues and includes primary care and full-scope behavioral health services to consumers.	CommuniCare Health Centers	216
Early Signs Project: Crisis Intervention Program	This program pairs community-based behavioral health providers with law enforcement to respond to community mental health crisis.	Yolo HHSA	406
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 to access needed services.	NAMI Yolo	Data pending



How is MHSA Supporting your Workforce?

Program	Program Description
Cultural Competency/ LGBT+ Initiative	Targeted support to improve cultural competency mental health service provision across the system.
Peer Workforce Development Workgroup	Workgroup inclusive of peer staff that strengthens the onboarding, training, and supervision to peer support staff and considers EBPs in peer support model, and works to increase inclusion of peer workforce across the agency.
Mental Health Professional Development	Provides training on emerging and best practices, will expand to include new training for DSM-V, trauma-informed care, motivational interviewing, CBT, and include Gallup's Strengths Finder.
Perinatal Mental Health Services Training	Training for providers across the healthcare system targeted at understanding perinatal mental health needs like postpartum depression.
Psychiatry and Mental Health Care Program Development	Through partnership with UC medical schools, this program trains medical students in psychiatry and mental health care and encourages them to enter the public mental health workforce.
Clinical Internship Program	Initiatives to develop a more robust intern training program for master's level therapists and continued commitment to developing the public mental health workforce.

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What is currently funded for technology and facilities ?

Program Name	Program Description
Adult Wellness Centers	Wellness centers with a variety of rehabilitative services, skill building groups, and computer labs with internet access.
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Tele Psychiatry	Provides psychiatric services to clients through live, interactive audio videoconferencing during which Yolo HHS staff facilitate the consultation between the client and the psychiatrist, taking special care in ensuring the privacy, confidentiality, and informed consent of the client.
Electronic Health Record and Data Upgrades	Updating information systems and software systems, standardizing data collection, improving the electronic documentation system, and strengthening analytic and reporting process.
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Social Media Initiative	This program explores social media and mobile applications that includes social media management tools that run automatic analytics.

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Additional Needs

- Cross-system and out of county data sharing limitations
- Education: stakeholders need to understand referral processes
- Other trainings: Motivational Interviewing, Focused CBT, Illness Management Recovery (IMR), & more EBPs
- Need for increased support for peer workers including employment, licensing opportunities, and wellness to prevent compassion fatigue
- Improve coordination with and integrate primary care
- Continue and increase outreach to Native American and Latino communities

Are there any program modifications or additions that Yolo HHS should consider?

Next Steps



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GIVE US YOUR FEEDBACK!



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RDA Team

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Appendix III: Public Comments



Appendix IV: Notice of Public Comment Period & Notice of Public Hearing



Yolo County Health and Human Services Agency

MHSA Annual Update for FY 2019-2020

Appendix V: Public Comment Form

Document Posted for Public Review and Comment:

MHSA Annual Update for FY 2019-2020

This document is posted on the Internet at:

<http://www.yolocounty.org/mhsadocs>

PERSONAL INFORMATION (optional)

Name: _____

Agency/Organization: _____

Phone Number: _____ Email address: _____

Mailing address: _____

What is your role in the Mental Health Community?

____ Client Consumer

____ Family Member

____ Educator

____ Social Services Provider

____ Mental Health Services Provider

____ Law Enforcement/ Criminal Justice Officer

____ Probation Officer

____ Other (Specify) _____

Please write your comments below:

The content box has a 1,000 word limitation, you may submit additional pages if needed:

Please return your completed comment form to HHS/MHSA before 5:00 P.M. on Tuesday, February 20, 2018, in one of three ways:

- Fax this form to (530) 666-8294, Attn: MHSA Coordinator
- Scan and Email this completed form to MHSA@yolocounty.org, Subject: MHSA Annual Update for FY2019-2020 Comments
- Mail this form to HHS/MHSA, Attn: MHSA Coordinator, 137 N. Cottonwood St., #2500, Woodland, CA 95695.
- Deliver this form to HHS/MHSA, Attn: MHSA Coordinator, 137 N. Cottonwood St., # 2500, Woodland, CA 95695





Appendix VI: Presentation of Final Report to Local Mental Health Board



Appendix VII: MHSA Community Program Planning Process: Key Dates Flyer

YOLO COUNTY MENTAL HEALTH SERVICES COMMUNITY MEETING



Do you have experiences with mental health services?
Do you have a loved one that has unmet mental health needs?
Are you a provider that would like to improve services?

Yolo County is committed to improving mental health services and would like to know your experiences, observations, feedback on how to make those improvements. Help us improve mental health services by attending one of the following meetings:



WEDNESDAY
SEPTEMBER 5
1:00 PM-2:30 PM
Arthur Turner Library
1212 Merkley Ave
West Sacramento

WEDNESDAY
SEPTEMBER 5
3:30 PM- 5:00 PM
Knights Landing Family
Resource Center
9586 Mill St
Knights Landing

WEDNESDAY
SEPTEMBER 5
6:00 PM - 7:30 PM
RISE Center
17317 Fremont St
Esparto

THURSDAY
SEPTEMBER 6
10:30 AM- 12:00 PM
Redwood Building
1111 Anderson Rd
Davis

THURSDAY
SEPTEMBER 6
1:00 PM-2:30 PM
Gonzales Building/ Community Rm
25 North Cottonwood St
Woodland



MENTAL HEALTH SERVICES ACT

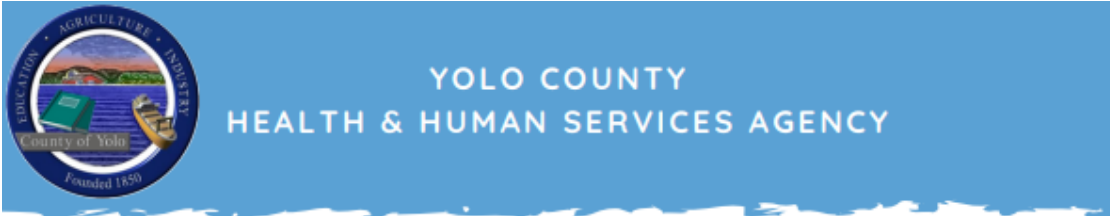
The Mental Health Services Act (MHSA) funds mental health programs and services in Yolo County.

WE WANT TO HEAR FROM YOU!





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



MENTAL HEALTH SERVICES ACT YOLO COUNTY

COMMUNITY PLANNING MEETING

Spend the day helping us improve our mental health programs!!!

We will discuss Yolo's community needs and work together to update programs and services for the upcoming year.
[Lunch will be provided]



MENTAL HEALTH SERVICES ACT

The Mental Health Services Act (MHSA) funds mental health programs and services in Yolo County.

SAVE THE DATE

OCTOBER 16, 2018 | 10:00-4:00 PM

25 N. Cottonwood Street, Woodland, CA
Gonzalez Building
HHSA Community Room

For RSVP, please contact Anthony at
Anthony.Taula-Lieras@volocounty.org or 530-666-8536





Appendix VIII: 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)?



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Appendix IX: 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?
 No
 Consumer
 Family Member
 Native Hawaiian or other Pacific Islander
 White/ Caucasian
 Other: _____
 Decline to answer
2. What is your stakeholder affiliation?
 Government agency, City or County
 Government agency, State
 Community-based organization
 Law Enforcement
 Education agency
 Social service agency
 Veterans or Veterans Organizations
 Provider of mental health services
 Provider of alcohol and other drug services
 Medical or health care organization
 Other: _____
3. Are you a veteran?
 Yes, I am a veteran
 No, I am not a veteran
 Decline to answer
4. Please indicate your age range:
 Under 16
 16-24
 25-59
 60 and older
5. How do you define your race?
(check all that apply)
 American Indian/ Native Alaskan
 African American/Black
 Asian
 Hispanic or Latino/a/x
6. How do you define your ethnicity?
(check all that apply)
Hispanic Ethnicity:
 Caribbean
 Central American: _____
 Mexican/Mexican-American/Chicano/a/x
 Puerto Rican
 El Salvadorian
 South American: _____
Non-Hispanic Ethnicity:
 African
 Asian Indian/ South Asian
 Cambodian
 Chinese
 Eastern European
 European
 Filipino
 Middle Eastern
 Vietnamese
 Japanese
 Korean
 Russian
 Other: _____
 Decline to answer
7. What is your assigned sex at birth?
 Male
 Female
 Intersex
 Decline to answer



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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



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Appendix X: 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.

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

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

Thank you!





Yolo County Health and Human Services Agency

MHSA Annual Update for FY 2019-20

Appendix X: 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.

Comments

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