

YOLO COUNTY

MENTAL HEALTH SERVICES ACT

Community Services and Supports Implementation Progress Report

January through December 2007

On May 31, 2006, Yolo County Department of Alcohol, Drug and Mental Health Services received approval of its MHPA CSS Three-Year Program and Expenditure Plan. Our county's approved plan provided for the implementation of three new programs and the expansion of one existing program:

- *Greater Capay Valley Children's Pilot Program*, serving rural children 0-18;
- *Pathways to Independence for Transition-Age Youth*, aged 16-25;
- *Wellness Alternatives for Adult Consumers*, aged 18-59;
- *Outreach and Assessment for Older Adult Consumers* (expansion program), aged 60 and over.

This Implementation Progress Report covers the period from January 1, 2007 through December 31, 2007, as set forth in DMH Information Notice No. 08-08. Yolo County ADMH Interim Director Edmond C. Smith was granted an extension of time to submit this report until August 30, 2008. Individuals wishing to make written comments should use the 30-Day Public Comment Form included here at Attachment 1.

Our initial MHPA CSS Implementation Progress Report covered the period from May through December of 2006, which report included a description of our early successes and challenges relative to implementing these MHPA programs. The implementation progress report for 2007 seeks to build on the previous report. Both reports may be found at www.yolocounty.org at the Department of Alcohol, Drug and Mental Health Services "MHPA Documents" web page.

A. Program/Services Implementation

1. Implementation of Programs by Work Plan

- a. **Greater Capay Valley Children's Pilot Program:** This MHPA CSS program is a blended program, that is, it offers all three service categories--Full Service Partnership ("FSP"), System Development ("SD"), and Outreach and Engagement ("O/E"). Generally speaking, during the subject period, implementation of this program proceeded as set forth in the approved plan. County clinical staff teams with CBO staff of RISE, Inc. (*Rural Innovations in Social Economics, Inc.*), with the RISE staff providing children, youth and families with extensive opportunities for community involvement.

The program is succeeding increasing the level of participation and involvement in the public mental health system of underserved rural children and their families. Mental health services have been made more accessible and available to client populations through outreach and through expanded availability. Community supports for

children and youth diagnosed with serious emotional disorders have been increased. Children and youth (aged 0-18) and their families, including children who reside and attend school in the Esparto Unified School District, are experiencing increased access to mental health treatment services. Efforts to build resiliency among poor and ethnically diverse rural children and youth have been increased through the provision of pro-social and skill-building activities, opportunities for community involvement, and supportive counseling offered to individuals and groups.

Mental health and related services have been offered to children at each public school in the district. Family resource center services are provided throughout the region via warm and welcoming offices located in Esparto. Activities for children, youth and parents are offered throughout the greater Capay Valley.

In the western rural region of Yolo County, the Latino population reaches upwards of 65%, and in many instances, cultural beliefs constrain families from understanding or accepting mental health services. As specifically regards mental health services, enrollment of children and youth in FSP and SD services have been slow, but Outreach and Engagement numbers have exceeded expectations. Albeit somewhat slowly, mental health program staff members are becoming recognized and accepted members of this rural community.

Highlights include the provision of life-skills and self-esteem building groups offered in and after school for elementary and middle schools, as well as through the summer program, and a group for mothers with infants and toddlers that offered socialization, positive parenting techniques, and help for mothers with symptoms of depression. A Bike Clinic offered young teenage males an outlet, as well as an opportunity to learn bicycle repair skills. Some of these bikes went "full circle" into the MHSa TAY and Adult Wellness Centers, as they were offered to clients who needed a means of transportation and a mechanism for fostering independence.

Major implementation challenges:

- Integrated physical and mental health services/ collocation with health care Facilities: The initial plan proposed the offering of collocated physical and

mental health care at the community health clinic. Although staff has assisted clients in accessing pediatric psychiatric services, the services have not yet been made readily available in Capay Valley, nor are these services integrated with health care at this time.

- Maintaining consistent staffing (especially with bi-lingual, bi-cultural clinical staff) has been somewhat difficult in this rural area.
- No Full Service Partnership clients were identified during this reporting period, and therefore, no 24-hour services were offered.

b. Pathways to Independence for Transition Age Youth:

This MHSA CSS program also blends FSP, SD and OE service categories. During the subject period, implementation of this program proceeded as set forth in the approved plan, in most areas. The program secured, furnished and opened a Transition Age Youth Center in Woodland in the spring of 2007, where five days per week, staff provides intensive community services to clients and families, in addition to those services provided in the community. The TAY Center promotes recovery and wellness while providing an atmosphere where youth are encouraged to be involved in their personal growth and independence. Clients are offered opportunities to develop skills, socialize with peers, access information and services, exercise, learn budgeting, learn healthy and fun meal preparation techniques, participate in exercise groups, give and receive support with peers, and explore and develop housing options.

This program continues to offer young adults with psychiatric disabilities mental health and related service opportunities at various levels to strengthen and enhance their independence and wellbeing. The program serves youth emancipating from Foster Care, youth classified as "Emotionally Disturbed" for Special Education purposes, as well as those with Juvenile Justice and Criminal Court issues and mental health treatment needs. Other important opportunities made available to TAY consumers were assistance with GED and higher education, benefits assistance, as well as job readiness and employment assistance. Actual engagement numbers of FSP, SD and O/E clients were in line with target estimates (Exhibit 6 forms on file).

Highlights include: Creating WRAP plans, "Wellness Recovery Action Plans" and adapting them to their youthful needs, while learning and thinking about how to stay well; youth consumers developing their own socialization and support networks, and the "TAY Community" growing and celebrating together, and promoting the notion that its members do not necessarily have to "suffer" from mental illness all of the time.

The TAY program staff, comprised of a Supervising Clinician, two ADMH Specialists (one is a family member), an Administrative Clerk/Receptionist, and a Consumer Intern, remained a stable, cohesive, hardworking team throughout 2007.

A bank of computers were available exclusively to TAY Center consumers to permit them to use e-mail, apply for housing assistance, search for employment opportunities, sign up for classes, create resumes, and do research.

TAY clients, whether FSP, SD, or O/E, joined in the formation of a TAY Council, whose members plan and organize events and services offered at the TAY Center—self-determinism remains a deliberate focus of this program. Client and Family Partnership services are offered, and the staff includes a TAY consumer intern and an ADMH Specialist who is the parent of a person with serious psychiatric disabilities. Monthly support group meetings are offered to parents and caregivers of transition-age youth consumers.

The *TAY Quarterly*, the TAY Center newsletter, was developed by clients and the consumer intern, providing an opportunity for clients to showcase their accomplishments and express their thoughts about the TAY Center, while spreading the word about the Center and its activities. A copy of this newsletter is included here at Attachment 2.

Major implementation challenges:

- The TAY Center staff hopes to reach out to more youth consumers aged 16 to 19 who need support to stay in school and complete their high-school diplomas, particularly those students identified as "Emotionally Disturbed" for Special Education

purposes. To do so will require more staff and resources.

- TAY staff receives referrals of youth with criminal court and juvenile justice involvement; however, the program has not succeeded in locating a TAY case manager at the Yolo County Superior Court. Case management and support services at court are provided by referral and as needed to TAY consumers.
- Although a number of FSP clients were identified and offered a full array of services, the program was not able to implement 24-hour response to FSP clients in 2007. To do so will require more staff and resources.

- c. **Wellness Alternatives for Adult Consumers:** This MHSA CSS program also blends FSP, SD and OE service categories. During the subject period, implementation of this program proceeded as set forth in the approved plan, in most areas; however, Yolo County ADMH elected to expand FSP services in order to meet the needs of greater numbers of inappropriately served high-acuity consumers, and in accordance with stakeholder demand.

The Wellness Alternatives program successfully opened a large Wellness Center in the spring of 2007, and offered a wide array of programs and services. In addition to being the "home-base" for staff meeting the needs of FSP clients in the community, the Wellness Center offered a welcoming atmosphere to FSP, SD and O/E consumers. Services and supports offered included housing opportunities, access to food, clothing and house ware items, benefits assistance, socialization opportunities, cooking and life skills groups, transportation assistance, group walking and exercise, low-cost excursions with peers, and more. Holiday meals and barbecues occur often at the center and in nearby parks; these events often include music and games.

A bank of computers were available exclusively to Wellness Center consumers to permit them to use e-mail, apply for housing assistance, search for jobs, sign up for classes, create resumes, and do research.

The Wellness Center employed three consumer job interns in 2007, and these individuals assisted with events and groups. Especially successful was the trainings and groups on Wellness Recovery Action Planning ("WRAP"); consumer

staff worked with clients to develop individualized wellness plans for every day living, as well as wellness plans for the holiday season and for times of crisis.

Several of our seriously mentally ill clients who were FSP recipients also suffered from co-occurring substance abuse disorders. Adult Wellness Alternatives staff provided individual support, group support, opportunities for 3 to 30-day stays at a detoxification facility. Service coordinators were vigilant in monitoring and responding to substance use in client housing. Although this program embraces the harm reduction model, every attempt is made to keep client housing free of substance abuse. This battle continues.

By the second half of 2007, the need grew county-wide for more FSP opportunities for adult consumers. At the point mid-year, when funding was discontinued for the West Sacramento AB 2034 program, the department applied rollover revenue to continue the program for several months, while instituting plans to merge these clients with the MHSa Adult Wellness Alternatives program. In addition, ADMH was experiencing comparatively large numbers of high-acuity clients in IMD placement, many of whom were remaining in locked facilities far beyond the average length of stay in other counties.

Yolo County Stakeholders had long requested access to Assertive Community Treatment (ACT) Team services for those clients who could be safely and voluntarily maintained in the community. To this end, the ADMH Management Team elected to expand Adult Wellness Alternatives Program services to include the provision of FSP ACT services.

The demand for safe and affordable client housing seems infinite. Housing made available through our contractor, Turning Point Community Programs, must be offered to the most needy, most seriously mentally ill, and the homeless mentally ill among our FSP candidates. Fortunately, Turning Point also provides housing to those clients served through the once robust AB 2034 program, making it somewhat easier to contemplate merging these clients with the MHSa Adult Wellness Alternatives program.

In Fall of 2007, as FSP numbers climbed, Yolo County ADMH applied for augmentation of its CSS services funding,

most specifically to provide for the cost of expanding these FSP services, most specifically, FSP ACT services. The request also sought approval and release of CSS One-Time funding, to be used for opening a consumer-operated drop-in center in West Sacramento. Unfortunately, before the approval for the drop-in center funding was received, the involved CBO contractor withdrew, forcing withdrawal of this request. Approval of the CSS augmentation request came in early 2008.

Wellness Alternatives Program Highlights include: Hosting the Wellness Recovery Action Plan training for clients, staff and families; the creation of multiple types of WRAP plans; development of art classes, journaling groups, and cycling groups; job club meetings; dual-diagnosis support groups; special biweekly outings and hikes. A sample of the Wellness Center calendar is included here at Attachment 3

Major implementation challenges:

- During 2007, the Adult Wellness Center staff experienced staffing challenges, especially relative to retention of Supervising Clinicians and Clinicians. Both staff and clients need consistent and skilled leadership in order to serve these high-acuity clients. Fortunately, the ADMH Specialists were tenacious and talented service coordinators.
 - Greater housing resources are needed.
 - Adult Wellness staff provides assistance to clients with criminal justice involvement; however, the program is not able to locate a Court Case Manager at Yolo County Superior Court. This can be attributed primarily to changes in Yolo County court procedure and shortages in Wellness Center staff.
 - Although large numbers of FSP clients were identified and offered a full array of services, the provision of 24-hour response to FSP clients was extremely limited in 2007. To provide these services to all FSP clients will require more staff and resources.
 - More comprehensive and integrated services are needed for individuals with co-occurring substance abuse disorders.
 - Vocational services need expansion/development.
- d. **Outreach and Assessment for Older Adults:** This program serves individuals aged 60 and over experiencing

mental illnesses. Like our other CSS programs, this program offers a blend of FSP, SD and O/E services; unlike our other programs, Outreach and Assessment for Older Adults is an expansion of the previously existing Older Adult program at Yolo County ADMH.

This program offers assessment services and linkage to resources to older adults experiencing mental health problems that interfere with their ability to live independently in the community. The program is expanding as planned, by devoting more clinical staff and resources to our efforts to assist older adults in our community, and to reach out to underserved and underserved ethnic groups in Yolo County. This increase in staff has afforded increased opportunities to assist older individuals in the community who cannot access clinics or other services due to mental or physical disabilities (or other factors).

The Outreach and Assessment for Older Adults program also supports a group of Senior Peer Counselors, volunteers who assist with monitoring clients in the community. During 2007, the OAOA team worked to expand the Senior Peer Counselor group by offering additional training classes in Davis and West Sacramento. The volunteer groups have grown, and these Senior Peer Counselors represent "extra eyes and ears" out in the community, observing the older adults who are struggling to maintain independence and mental and physical wellness while living on their own, and bringing critical information back to the Older Adult team.

As one might expect with older adult clients, this team services a comparatively small number of FSP clients—those older adults who are very acute in their mental illness are often unable to maintain independence as they age. The numbers of SD clients are slightly higher, but still not large. Nevertheless, the numbers of O/E clients served are in excess of those anticipated in Exhibit 6 estimates.

Outreach and Assessment for Older Adults Program highlights for 2007 include: extensive 8-week training course and graduation of 18 new Senior Peer Counselors, nearly tripling the number of trained volunteers in Yolo County; moving several older adult clients into the new Eleanor Roosevelt Plaza housing units in Davis; celebrating a 97-year-old client's ability to continue living independently in the community, with the support of a Senior Peer Counselor;

extensive successful outreach (by our Russian ADMH Specialist) to the Russian-speaking older adult community in West Sacramento; assisting a Russian senior citizen who had lost her housing to obtain a grant and secure a new mobile home to put on her old property, thereby allowing the woman to stay in her familiar community; maintaining a stable and tremendously dedicated staff throughout 2007, including a Supervising Clinician, two part-time Nurses, a Clinician, a Russian-speaking, bi-cultural ADMH Specialist II, a Spanish-speaking bi-cultural ADMH Specialist II who is also a family member of an adult with serious mental illness, and a young Consumer Job Intern, who enjoys working with older adult consumers.

Major implementation challenges include:

- Numbers of older adults in need of outreach and assessment of mental health treatment needs continue to grow—numbers of clients in need seem endless. More staff and resources are needed.
- More comprehensive and integrated services are needed for older adults with co-occurring substance abuse disorders (alcoholism in particular).
- Greater housing resources for seniors are needed throughout Yolo County.
- More trained Senior Peer Counselors are needed, along with staff to support them.
- Program staff's ability to provide 24-hour response to FSP clients has been very limited. Again, more staff and resources are needed.

2. **Examples of Success in the Six General Standards in CCR, Title 9, Section 3220**

- a. **Community collaboration:** Friendly and patient retired individuals in our community give of their time and talents to be trained for the role of Senior Peer Counselors. Once trained, these outstanding volunteers make regular visits to older adult individuals who are not so emotionally and physically stable, nor are they as fortunate. These Senior Peer Counselors perform a fantastic service, not just in visiting isolated older adults, but in alerting us when a client is not doing well. By catching problems early on, these compassionate volunteers save seniors from suffering, while saving the county un-tolled dollars.
- b. **Cultural competence:** Often, older Russian immigrants carry with them a general mistrust of government systems

and a reluctance to submit themselves for any type of mental health treatment. Early on in the MHSA stakeholder process, we identified a large contingent of Russian-speaking older adult clients in West Sacramento. At first they were polite to us in our efforts to reach out, but clearly not interested in hearing about MHSA. A patient and compassionate a Russian-speaking ADMH Specialist on our Older Adult staff frequently engaged with the Russian older adult community, and soon won their trust. Assisting an 88-year-old Russian woman to secure a new replacement mobile home in her familiar location, after the woman had been evicted, endeared this staff member to many older adults in the local Russian community.

- c. **Client/family driven mental health system:** TAY consumer youth can be fiercely independent, not wanting to share even the simplest of decisions with their parents; meanwhile, parents often worry over the consequences of their psychiatrically disabled son or daughter's attempts at independence and won't release control. Staff in our TAY program work with youth and parents to help maintain a healthy relationship during the youth's period of "breaking away," while offering supportive groups where parents and caregivers can ventilate their concerns and exchange ideas.
- d. **Wellness/recovery/resiliency focus:** Both our Greater Capay Children's Program and our TAY Program focus on wellness, resiliency-building activities, and on what things one can do to achieve a healthy balance in life. In the Children's program, those teens who learn how to fix and maintain bicycles develop skills they never knew they had. After they fix the bicycles, they keep some of them, they sell some at the community market, and they donate some to the TAY and Adult Wellness folks who need personal transportation. This builds the self-esteem and resiliency of the youth, while making them feel good about helping others and recycling previously discarded bikes. Similarly, TAY clients may "earn" need bicycle parts by helping with projects at the TAY Center, and Adult Wellness clients sometimes help with repairs. The TAY youth connect positively with kids they didn't know. It's "Win-Win!" for building wellness and resiliency (and cycling is good for health!).
- e. **Integrated services experience:** During the subject period, the opening of the TAY Center and Adult Wellness Center are the two most successful examples of our efforts to coordinate services and make it easier for clients to address more of their needs under one roof. At these centers, clients

can access necessary mental health care, in addition to shelter, food, clothing, socialization, information and fun.

3. Full Service Partnership Category

- a. **SB 163 Wraparound:** During this reporting period, Yolo County made significant progress toward implementation of SB 163 Wraparound. At the beginning of 2007, a draft Wraparound Services Plan was under review by the Wraparound Implementation Committee, comprised of staff from Yolo County Department of Social Services (as our lead agency), Probation, and Alcohol, Drug and Mental Health (ADMH). While continuing to work with the CA Department of Social Services, Yolo County revised and finalized its Wraparound Services Plan, developed a Memorandum of Understanding with the state, requested proposals from potential contract providers, and entered a contract with FamiliesFirst, Inc. to provide services to Yolo County Wraparound clients commencing in 2008. By the end of December, 2007, the completed Wraparound Services Plan was in the hands of the CA Department of Social Services, awaiting its final approval before beginning implementation.
- b. **Short-Term Acute Inpatient Services:** Yolo County ADMH fiscal records reflect that no MHSa Full Service Partnership funds were used for short-term acute inpatient services in calendar year 2007.

4. Implementation of General System Development programs

For all four Community Services and Supports programs, System Development services are blended into each program, thereby allowing us to serve System Development clients along with Full Service Partnership clients. This flexibility is especially important for our two largest MHSa programs, the TAY *Pathways to Independence* program, and the Adult *Wellness Alternatives* program, because these two programs operate from consumer wellness and activity centers. That is to say, System Development clients are able to come to the centers, socialize, and participate in general program activities, along side Full Service clients, who may need more intensive therapeutic services, housing and other supports. In Yolo County, we offer System Development services for more short-term needs to clients who are not as acutely ill, or who are able to maintain independence in the community without benefit of Full Service Partnership-type services.

In the Greater Capay Children's program, which focuses on building resilience, it is critical to have services available to children who may have mental health treatment needs, but do not necessarily meet the criteria of Serious Emotional Disturbance. The same can be said of the Older Adult Outreach and Assessment program, as in many cases, older adults may need short-term supports and then may return to independent living.

B. Efforts to Address Disparities

1. **Successful Efforts or Strategies:** One successful, albeit difficult, strategy to address disparities in access and quality of services to targeted un-served or underserved populations was to offer limited part-time employment opportunities to indigent and formerly homeless individuals with psychiatric disabilities. These individuals often have insights and perspectives not shared by staff who have never experienced their level of desperation.
2. **Challenges in Implementation:** Providing some of these consumers with even a small part-time county job was challenging. Many of these individuals had one or more criminal convictions that would preclude them from county employment, and we lost a few candidates who failed to be completely forthcoming about their pasts. After losing three consumer employees in this manner, and nearly losing one for a decades-old protest march arrest, we encouraged a fourth consumer to challenge his employment denial, based on the fundamental difference between arrest and conviction—and he won. We were increasingly careful in explaining the requirements to future applicants, cautioning them to list every possible conviction and prepare to defend themselves.
3. **Native American Organizations:** In 2007, no Native American organizations or tribal communities were funded to provide services under the Mental Health Services Act.
4. **Policy or System Improvements Specific to Reducing Disparities:** System improvements include the hiring of additional Spanish- and or Russian-speaking staff whenever possible, as well as more male clinical staff.

C. Stakeholder Involvement

Once our county department moved toward implementing the CSS programs, we naturally focused less frequently on the community stakeholder meetings. We continued to have stakeholder meetings on (at least) a quarterly basis, and all individuals who had ever expressed an interest in MHSA planning continued to be encouraged to participate at all CSS meetings. Nevertheless, we felt that we understood what was in the plan and what the stakeholders wanted us to implement. We no longer

held subcommittee work groups to develop individual plans because the plans had already been chosen. We reported to stakeholders on issues such as staffing and infrastructure problems, difficulties with CBO's that were unable to execute agreements based on what was in the plan, the effect of the state's budget on the department, and etc., as well as reporting on our solutions to many of these circumstances; however, we did not feel compelled to take each decision before the stakeholders.

It is important to note, as well, that as a small county, we did not have a large staff working on the implementation of MHPA, either with CSS or the other components of MHPA. Our administrative staff remains small, a frequently, too much is demanded of them. The MHPA staff and the ADMH Department chose to focus its efforts on implementation of the CSS plan and particularly on opening the TAY and Wellness Centers and staffing all aspects of each program. The endless decisions brought about by this endeavor hardly warranted consultation with stakeholders. Starting and maintaining these facilities and staff kept the MHPA staff occupied.

D. Public Review and Hearing

NOTE: This section is included in DRAFT form (in italics) and will be updated before final submission of this report to the CA Department of Mental Health.

On or before July 25, 2008, copies of the draft MHPA CSS Implementation Progress Report, January through December, 2007 were made available for public review and circulated to representatives of stakeholder interests, as follows:

- *Posted on the Internet at www.yolocounty.org at the site of the department's MHPA posted documents, see link <http://www.yolocounty.org/Index.aspx?page=993>*
- *Posted on the Internet at www.namiyolo.org;*
- *E-mailed and/or mailed via U.S. Postal Service to each member of the Local Mental Health Board;*
- *E-mailed to each member of the Yolo County Board of Supervisors;*
- *Sent via Yolo County Courier Service or hand delivered to public libraries in Woodland, West Sacramento, Davis, Winters, Esparto, Clarksburg, Yolo and Knights Landing, with the request that the document be made available for public viewing at the resource desk during regular hours of operation;*
- *Hand delivered to county mental health service centers in Woodland, Davis and West Sacramento, and to the Department of Social Services "One-Stop" center in Woodland;*
- *E-mailed to all stakeholder participants on the MHPA distribution list.*

In addition, a copy of the draft MHPA CSS Implementation Progress Report was sent, via e-mail or U.S. Postal Service, to any interested party who requested it.

During the 30-day public review period, the stakeholder community was advised of the public review process by the publishing of announcements in the following newspapers:

- The Woodland Daily Democrat (daily)
- The Davis Enterprise (daily)

Notice of the review and comment period was also posted on the Internet at www.yolocounty.org at the ADMH "MHPA Documents" page at this link: <http://www.yolocounty.org/Index.aspx?page=993> and at www.namiyolo.org; the notice included reference to the Yolo County website and a phone number for requesting a copy of the draft Implementation Progress Report. Copies of the public notice were also posted at all Yolo County and city public libraries, mental health offices and service centers, the Department of Social Services One-Stop Center in Woodland, and at the Yolo County Administration Building. Sample announcements are included here in **Attachments 5 and 6**.

The public hearing on this matter was held at the regularly scheduled meeting of the Yolo County Local Mental Health Board, on Monday, August 27, 2007 at 7:00 p.m., at the Walker Room of the Herbert Bauer, M.D. Health and Alcohol, Drug and Mental Health Building, located at 137 N. Cottonwood, Woodland, California. A copy of the meeting agenda is included here as **Attachment 6**. The public hearing was conducted by Marilyn Moyle, Chair of the Yolo County Local Mental Health Board.

A Pending [#] individuals attended the public hearing. Attendees included Local Mental Health Board members, stakeholders, and ADMH staff.
B Pending [#] of comments, written and/or oral, were received at the August 27, 2007 public hearing with regard to this Implementation Progress Report, and **C 1** [#] written comments were received during the preceding 30-day review and comment period. Minutes of this public hearing, copies of attendance sign-in sheets, and/or copies of all written comments received are available upon request from Yolo County MHPA Program Manager, Joan Beesley, by calling (530) 666-8547 and requesting same.

A summary and analysis of all substantive recommendations or revisions is included below:

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As per instructions included in DMH Information Notice No. 08-08, the finalized MHSA CSS Implementation Progress Report, January through December 2007, was forwarded (3 paper copies, plus CD) to:

*Assistant Deputy Director
Community Program Support
California Department of Mental Health
1600 9th Street, Room 130
Sacramento, CA 95814*

A final copy was submitted to the Yolo County Board of Supervisors.

Yolo County
Department of Alcohol, Drug and Mental Health Services
137 N. Cottonwood Street, Suite 1530
Woodland, CA 95695
Telephone: 530 666-8547
Mental Health Services Act (MHSA) / Prop. 63

Community Services and Support (CSS)
Implementation Progress Report – January through December 2007
for the Three-Year MHSA CSS Program and Expenditure Plan

30 DAY PUBLIC COMMENT FORM
Public Comment Period—July 26 through August 25, 2008

PERSONAL INFORMATION (optional)

Name: _____

Agency/Organization: _____

Phone Number: _____ Email address: _____

Mailing address: _____

MY ROLE IN THE MENTAL HEALTH COMMUNITY

Client/Consumer
 Family Member
 Education
 Social Services

Service Provider
 Law Enforcement/Criminal Justice
 Probation
 Other (specify) _____

WHAT DO YOU SEE AS THE STRENGTHS OF THE IMPLEMENTATION PROGRESS REPORT 2007?

IF YOU HAVE CONCERNS ABOUT THE REPORT, PLEASE EXPLAIN:

Please note:

Mail or hand deliver to above-referenced address no later than Noon on Monday, August 25, 2008.

attachment 1



The TAY Quarterly

Created for and by clients of the Transitional Age Youth Center
"Pathways to Independence," a program of the Yolo County Mental Health Services Act



What is Wellness? By JV

Welcome to the first issue of "The TAY Chronicle!" Pathways to Independence (AKA The TAY Center) is committed to promoting wellness and recovery for our clients; but what exactly is "wellness?" What does it mean to recover from mental illness or some other hardship?

I've only recently come to reevaluate my own beliefs regarding these concepts. For many years, I unconsciously imagined "wellness" as a life of near-constant happiness, where all of my difficulties had melted away. I would be confident and energetic, and nothing would get to me. Once I someday became "well," I would be able to

realize my dreams without any serious frustrations or setbacks.

Slowly, my mind has opened onto a new conception of what it means to be well. One day I asked myself what I would have achieved in my life once I had recovered. What would I have done in the meantime, before I became well and felt ready to pursue my dreams? This question challenged me: What was I putting on hold, on good days or bad, because things weren't perfect? I needed to rework my internal narrative. (Continued on page 2)

Volume 1, Issue 1
Fall/Winter 2007

Inside this issue:

"Dark Room"	2
"Recipe Corner"	2
"Forever Searching"	3
"My Best School Experience"	3
"Pathways to Independence"	4

Upcoming Events:

- © 9/7- Dr. Jon Caldwell visits the TAY Center.
- © 9/21 - Swimming at the UCD Rec Pool
- © 10/6- Walk for Mental Health on the West Steps of the Capitol (Free bus passes are available- call 916-442-0185 ext 108 for more info).

Doing What Makes Me Feel Better by MS

"Wellness and Recovery" means doing things that make me feel better. For instance, coming to the TAY Center and doing activities like Arts & Crafts and Life Skills. In Life Skills we do things like sewing and cooking. Coming to the TAY Center helps me in my recovery.

Riddle Time! Submitted by M☺

You throw away the outside and cook the inside. Then you eat the outside and throw away the inside. What is it?

(Answer on page 4)

(Continued from page 1) What I've found is that wellness is much more a process than it is a goal. Instead of waiting for something to happen, I try to connect with what makes me feel alive and passionate each day. For example, I play guitar and flesh out the songs I've been writing. Sometimes this can be stressful because my ambitions outstrip my current abilities. I start dwelling on the years of depression when I struggled to practice

playing for even a few minutes. I get frustrated, regretting my lost time, thinking about how much better I could be.

And then, before I'm overwhelmed, I use these emotions as fuel to motivate myself. Being frustrated, deeply sorrowful, or angry does not mean I'm unwell. Living with mental illness can cause us deep pain, and it is completely healthy to engage with it and let it inform us.

This is how we can truly recover, truly be well. We accept ourselves and our struggles, learn from our experiences, and do what we can in each moment to stretch our boundaries. We take steps, no matter how big or small, towards transcending our pain. We find our way towards recovery, towards wellness, knowing that when we are ready, we will find ourselves already there.

Dark Room by DG

Dark room is a place that hides my pain,
my thoughts and my life...
When the depressive side of me comes,
I'm gone to find that dark room,
to open up the door,
seeing myself in a corner of the room,
praying for forgiveness.
Lifeless to see my light,
hearing my screams of pain,
tears crying down from my eyes,
seeing my name in blood on the walls.
In my dark room, feel my pain,
a rejoicing of the fires that burn in my head,
rejoining me as I see myself die in my eyes,
watching as I see the door of the dark room
close on me, leaving me in my sorrow,
till myself finds me...

The reason I write poems is because it makes me feel better about myself so I don't hurt myself. I've been doing this for three years now and for the past three years I haven't hurt myself.

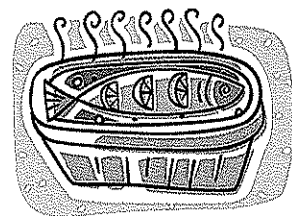
-DG

Recipe Corner:

Yummy and Quick Tuna Dinner by MS

You need:

- 1 lb farfalles (bowtie pasta)
- 2 cans tuna, drained
- 2 cans Cream of Mushroom Soup
- 2 tbsp. soy sauce
- pepper and garlic salt to taste



You do:

- Boil noodles as directed.
- Mix all other ingredients in a large bowl.
- Drain noodles, combine with mixture until well coated.
- Grab family and friends and enjoy!

Forever Searching by WD

I have seen day and I have seen night,
I have seen death and I seen life.
I have seen men go to war in the name of their gods,
I have seen men go to war to protect the ones they love.
I have seen the rich steal from the poor,
I have seen the poor steal from the poor.
I have the intelligent pushed aside,
I have seen the incompetent raised up to height.
I have lived many lives and experienced many deaths,
I have loved and learned.
I have learned that death is the end of life, but not of the consciousness.
I have learned that love is a part of life, but love does not exist.
I may walk the day, but I share the night with sister moon.
I have fought for life, and I have fought for death.
I have fought for others, but others do not fight for me.
I prepare to leave you now,
In the hopes that you see your own evils,
And I find a place that will accept me and love me for who I am.
I leave you now in search of home,
And remember that the oldest desire is loyalty.

WD's poem hits me in a big way. The language and imagery practically jump off the page. The poem speaks to the contradictions of all our lives, the extremes we are pulled between just by being human. There is hope in the poem, too: the narrator is strong and resolute at the end, looking for that place we all wish for, "in search of home." -The Editor



My Best School Experience by JH

My best school experience was in kindergarten. I loved painting. The smoothness of the thick paint on my small fingers, all the pretty colors, and the puzzlement of how to mix them together to get the color you want. The thrill of something you alone created, with just a picture in your head. Then showing it to your dad and seeing the approving look on your father's face, which makes you want to jump for joy.

I remember naptimes and how refreshing and fun they were. The teacher comforting you by rubbing your back to help calm and soothe you into a deep peaceful sleep, and when you woke up there were yummy graham crackers and milk.

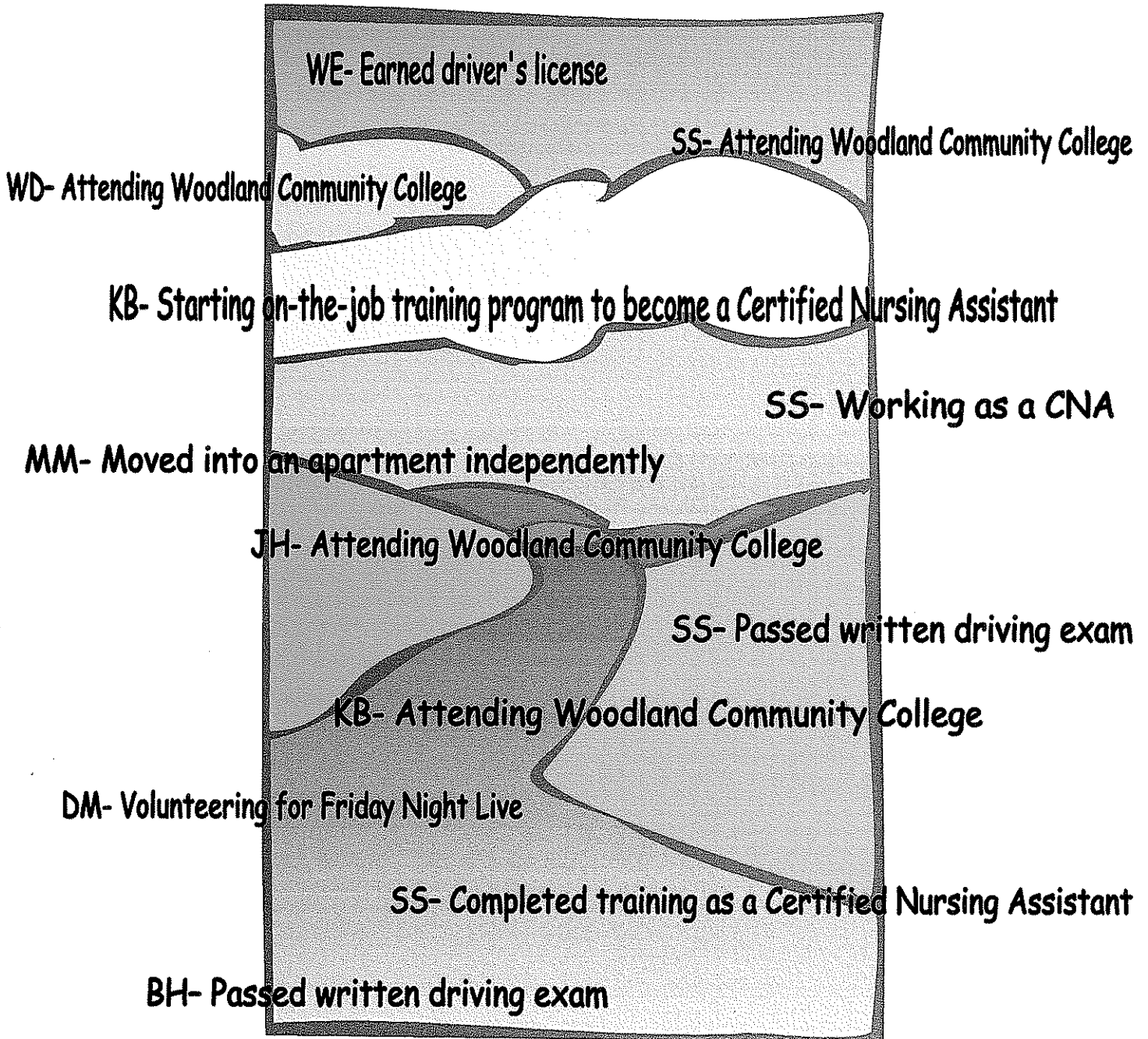
I liked my kindergarten experience because it was one of the points in my life when I didn't have to worry about the big stuff and

could focus on doing something that my parents would be proud of and tell me "Good Job!"

Reading this story brought back vivid memories of my early days in school. I remember it all: the texture of the paint, the feeling of safety and warmth at naptime, and my parents' pride in my accomplishments helping me to stand tall. Positive events like these remind me of what to strive for in my adult life. -Ed.

Pathways to Independence

Clients Achieving Their Goals!



Answer to Riddle Time! - An ear of corn.

Yolo County Mental Health Services Act
Transitional Age Youth Center—"Pathways to Independence"
825 East St. Ste. 123 Woodland, CA 95776
Phone: (530)668-6765

attachment 2 cont.

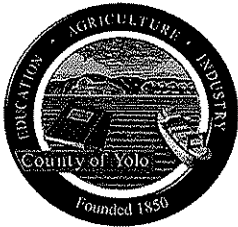


Adult Wellness Center & Transitional Age Youth
 825 East Street, Suite 302 & 123, Woodland, CA 95776 Woodland, CA 95776
 (530) 668-6777 (530) 668-6765
 Hours: 10:00 AM - 5:00 PM Monday - Friday

(A) = Adult Wellness Center
 (T) = Transition Age Youth

Mon	Tue	Wed	Thu	Fri
1 (A) 10 - 11 Phys Wellness (A) 11 - 12 Computer Class (A) 1 - 2 Social Skills (A) 2 - 3:00 Creative Writing	2 (A) 10 - 11 Physical Wellness (A) 10 - 11 Talk-It-Out (A) 11:30 - 12:30 Cook@Mission (T) 1 - 1:30 Relaxation (A) 1:30 - 3 WRAP Group (T) 2:30 - 3:30 Healthy Relationships (T) 3:30 - 4:30 Games	3 (A) 10 - 11 Physical Wellness (A) 11:30 - 12:30 Dual Diagnosis (T) 1:30 - 2:30 Education / Career (A) 2:30 - 4 Art Class	4 (A) 10 - 11 Physical Wellness (T) 11 - 12 Relaxation (A) 1 - 2 Talk-It-Out (T) 1 - 2 Wrap Group (T) 2 - 3:30 Life Skills	5 (T) 10 - 12 Sport Activity (A) 12:30 - 2:30 Movie Matinee (T) 2:30 - 4 Arts & Crafts (A) 3 - 4 Honor Your Anger
8 (A) 10 - 11 Phys Wellness (A) 11 - 12 Computer Class (A) 1 - 2 Social Skills (A) 2 - 3:00 Creative Writing (T) 3:00 - 4:00 Job Readiness	9 (A) 10 - 11 Physical Wellness (A) 10 - 11 Talk-It-Out (A) 11:30 - 12:30 Cook@Mission (T) 1 - 1:30 Relaxation (A) 1:30 - 3 WRAP Group (T) 2:30 - 3:30 Healthy Relationships (T) 3:30 - 4:30 Games	10 (A) 10 - 11 Physical Wellness (A) 11:30 - 12:30 Dual Diagnosis (T) 1:30 - 2:30 Education / Career (A) 2:30 - 4 Art Class	11 (A) 10 - 11 Physical Wellness (T) 11 - 12 Relaxation (A) 1 - 2 Talk-It-Out (T) 1 - 2 Wrap Group (T) 2 - 3:30 Life Skills	12 (A) 10 - 12:30 Abby's Outings (A) 12:30 - 2:30 Movie Matinee (T) 2:30 - 4 Arts & Crafts (A) 3 - 4 Honor Your Anger
15 (A) 10 - 11 Phys Wellness (A) 11 - 12 Computer Class (A) 1 - 2 Social Skills (A) 2 - 3:00 Creative Writing (T) 3:00 - 4:00 Job Readiness	16 (A) 10 - 11 Physical Wellness (A) 10 - 11 Talk-It-Out (A) 11:30 - 12:30 Cook@Mission (T) 1 - 1:30 Relaxation (A) 1:30 - 3 WRAP Group (T) 2:30 - 3:30 Healthy Relationships (T) 3:30 - 4:30 Games	17 (A) 10 - 11 Physical Wellness (A) 11:30 - 12:30 Dual Diagnosis (T) 1:30 - 2:30 Education / Career (A) 2:30 - 4 Art Class	18 (A) 10 - 11 Physical Wellness (T) 11 - 12 Relaxation (A) 1 - 2 Talk-It-Out (T) 1 - 2 Wrap Group (T) 2 - 3:30 Life Skills	19 (T) 10 - 12 Sport Activity (A) 12:30 - 2:30 Movie Matinee (T) 2:30 - 4 Arts & Crafts (A) 3 - 4 Honor Your Anger
22 (A) 10 - 11 Phys Wellness (A) 11 - 12 Computer Class (A) 1 - 2 Social Skills (A) 2 - 3:00 Creative Writing (T) 3:00 - 4:00 Job Readiness	23 (A) 10 - 11 Physical Wellness (A) 10 - 11 Talk-It-Out (A) 11:30 - 12:30 Cook@Mission (T) 1 - 1:30 Relaxation (A) 1:30 - 3 WRAP Group (T) 2:30 - 3:30 Healthy Relationships (T) 3:30 - 4:30 Games	24 (A) 10 - 11 Physical Wellness (A) 11:30 - 12:30 Dual Diagnosis (T) 1:30 - 2:30 Education / Career (A) 2:30 - 4 Art Class	25 (A) 10 - 11 Physical Wellness (T) 11 - 12 Relaxation (A) 1 - 2 Talk-It-Out (T) 1 - 2 Wrap Group (T) 2 - 3:30 Life Skills	26 (A) 10 - 12:30 Abby's Outings (A) 12:30 - 2:30 Movie Matinee (T) 2:30 - 4 Arts & Crafts (A) 2:30 - 3:30 Anger Management
29 (A) 10 - 11 Phys Wellness (A) 11 - 12 Computer Class (A) 1 - 2 Social Skills (A) 2 - 3:00 Creative Writing (T) 3:00 - 4:00 Job Readiness	30 (A) 10 - 11 Physical Wellness (A) 10 - 11 Talk-It-Out (A) 11:30 - 12:30 Cook@Mission (T) 1 - 1:30 Relaxation (A) 1:30 - 3 WRAP Group (T) 2:30 - 3:30 Healthy Relationships (T) 3:30 - 4:30 Games	31 Halloween (A) 10 - 11 Physical Wellness (A) 11:30 - 12:30 Dual Diagnosis (T) 1:30 - 2:30 Education / Career (A) 2:30 - 4 Art Class	<div style="text-align: center;"> </div>	

Attachment 3



ALCOHOL, DRUG AND MENTAL HEALTH DEPARTMENT

Edmund C. Smith, Deputy County Administrator

MENTAL HEALTH SERVICES ACT

137 N. Cottonwood Street, Suite 1530
Woodland, CA 95695

Office – 530-666-8547 Fax – 530-661-6762

NOTICE OF 30-DAY PUBLIC COMMENT PERIOD NOTICE OF PUBLIC HEARING

To all citizens, residents and interested stakeholders, Yolo County Department of Alcohol, Drug and Mental Health Services, in accordance with the Mental Health Services Act, is publishing this notice of a 30-day comment period for the following document:

COMMUNITY SERVICES AND SUPPORTS IMPLEMENTATION PROGRESS REPORT JANUARY THROUGH DECEMBER 2007

The public comment period will begin on Saturday, July 26, 2008 and end at 12:00pm (Noon) on Monday, August 25, 2008. Interested persons may provide written comments during the public comment period. **Written comments and/or questions should be addressed to: Edmund C. Smith, Deputy County Administrator, or Joan Beesley, MHSA Program Manager, 137 N. Cottonwood Street, Suite 1530, Woodland, CA 95695.** (See 30-Day Public Comment Form attached to this report.) For questions call 530-666-8547.

NOTICE IS HEREBY GIVEN that on Monday, August 25, 2008, the Local Mental Health Board of the County of Yolo, State of California, will hold a public hearing regarding the proposed Community Services and Supports (CSS) Implementation Progress Report, January through December 2007. This public hearing will be included in the agenda of the regularly scheduled monthly meeting of the Local Mental Health Board, scheduled as follows:

Monday, August 25, 2008 at 7:00 p.m.
Walker Conference Room – Herbert Bauer Building
137 N. Cottonwood Street, Woodland, California

If you would like to review the CSS Implementation Progress Report for 2007, this document is posted on the Internet at the Yolo County website, MHSA Documents page, <http://www.yolocounty.org/Index.aspx?page=993> and the document is posted at www.namiyolo.org. The document is also available by request at the reference desk of all public libraries in Yolo County and in the waiting areas of these Mental Health offices:

137 N. Cottonwood St., #1500
Woodland, CA 95695
Monday – Friday
8:00 a.m. to 5:00 p.m.

600 A Street
Davis, CA 95616
Monday – Friday
8:00 a.m. to 5:00 p.m.

500-B Jefferson Blvd.
West Sacramento, CA 95605
Monday – Friday
8:00 a.m. to 5:00 p.m.

To request reasonable accommodation or translation of this document into other languages or formats, contact Violet Menendez at 530-666-8547, no later than 5:00 p.m. on Wednesday, August 20, 2008.

Par asistencia en Español llame a Carmela Luna al (530) 666-8630 or 916-375-6350
За помощью с переводом на русский язык звоните Светлана Шраменко
по телефону (530) 666-8634 или (916) 375-6350

attachment 4