

Local Mental Health Board

Director's Report

October 28, 2019

- a. **Pine Tree Gardens-** HHSa staff have initiated the formation of an Ad Hoc working group with Supervisor Saylor, Supervisor Provenza and members of the Save Pine Tree Gardens committee. The charter of the Ad Hoc is to develop short, medium, and long-range goals and objectives associated with creating a sustainability framework for the two Davis Adult Residential Facilities (Pine Tree Gardens East and West). The next Ad Hoc meeting is November 20. The group is currently working on various tasks and projects with the end goal a sustainable Pine Tree Gardens.
- b. **Adult Residential Facility (ARF) Update-** The City of Davis received 3 proposals for consideration on next steps with Pacifico. One of the proposals includes development of an ARF. To continue efforts with getting the time sensitive MHSA ARF funds expended, in case Davis chooses an alternate provider, HHSa is continuing to work on releasing a Request for Proposal (RFP) for renovation of a property by a non-government respondent. Although the process of releasing the RFP has been delayed for a variety of reasons, we are still hoping to shorten this process as much as possible in order to have the money encumbered by a provider by fiscal year end 19/20.
- c. **Davis Navigation Center Update-** As described last month, HHSa and CommuniCare as the provider of Navigation Services, are in discussion to increase days and hours of services in Davis. The project is a partnership with the District Attorney's office and Davis Police Department. The project is on track for a soft opening in January, 2020. Next steps include finalizing space use, and amending the current contract for the expansion, along with the District Attorney's office beginning promotion of the expanded services.
- d. **Stress Management Group with Capitol Therapy Dogs -** The Yolo County Health and Human Services Agency- Wellness Center program is hosting a monthly stress management group for adult specialty mental health clients featuring animal-assisted therapy interventions with Capitol Therapy Dogs. Please see additional details on the attached flyer.
- e. **Data Driven Recovery Project (DDRP) Update-** As previously shared, HHSa is pursuing an opportunity to utilize Mental Health Services Act (MHSA) innovation funding to identify ways to overcome barriers and increase data linkages across the criminal justice and behavioral health systems. The Data Driven Recovery Project (DDRP) will focus on answering two fundamental questions: (1) How many people in jail have behavioral health needs? and (2) How many of those people were actively receiving behavioral health services at the time of booking? On October 30, in collaboration with the Community Corrections Partnership (CCP), the DDRP team be hosting a Sequential

Intercept Map (SIM) revamp as the previous SIM was completed 1.5 years ago and our community's needs continue to grow and change. We anticipate a reprioritization of intercepts which will help to drive our future strategic planning efforts for the CCP and Behavioral Health. Please see attached handout for a full project overview.

- f. Partnership Health of California and Blue Sky Consulting-** HHSA has begun meeting with Partnership HealthPlan of California, Blue Sky Consulting and a few other Partnership counties to discuss opportunities for integration of physical health and behavioral health. We have developed an agreement for sharing data and are now moving forward to determine whether our initial efforts should be specific to a site, such as West Sacramento, or a population, such as Children or Older Adults. These are exciting conversations and we look forward to the opportunities ahead.
- g. External Quality Review Organization (EQRO) for DMC-ODS-** On October 1st and 2nd, the Yolo County Health and Human Services Agency welcomed Behavioral Health Concepts (BHC) staff onsite for the first ever External Quality Review (EQRO) of Yolo County's Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver. The focus of this review was access to care, timeliness to services, and overall quality and outcomes of care within our DMC-ODS system. The EQRO also evaluates our Information System (Avatar) capability and the way in which we use data to drive decisions and evaluate performance. Part of what makes these reviews unique is that the EQRO asks to meet with representatives from all levels of the service delivery system, including consumers, family members, line staff, leadership, and contract providers. With any large system shift, HHSA anticipates recommendations in some areas for improvement during fiscal year 2019-20. We expect to receive the final report from this visit within 60 days and anticipate recommendations will include expanding youth services, improving system support including fiscal and IT, working with Partnership Health Plan to improve transportation options, and working with our access line provider to increase understanding and awareness around the disease of addiction. Overall the feedback from the review was extremely positive regarding the system of care that has been developed in Yolo, and we are excited to continue improving over the next year.
- h. Homeless Technical Assistance-** Over the past several years, Yolo County like many other California counties, has experienced an increase in the number of individuals experiencing homelessness, a significant increase in the amount of partners and providers interested in being part of the solution, and a new commitment from the State with increased funding sources to assist in the effort. In order to provide greater coordination and collaboration, Yolo County Health and Human Services Agency (HHSA) took advantage of free technical assistance offered by the federal government. HHSA partnered with an organization called Technical Assistance Collaborative (TAC), which conducted a comprehensive assessment of the current local homeless Continuum of Care (CoC) and Countywide homeless governance structure. Attached is the comprehensive report outlining this effort and the seven (7) recommendations for improvement to the current structures that would allow Yolo County to strategically

affect change in a collaborative and coordinated fashion moving forward. Over the next several months the CoC and City/County officials will be reviewing the recommendations and determining the best steps to move this system change forward. This report is be posted on HHSAs Homeless Services page, <https://www.yolocounty.org/health-human-services/homeless-services>.

- i. **LA Times Article: A ray of hope from abroad-** Dr. John Sherin, Director of LA County's Mental Health Department and advocates from the County propose a new model of care for their community inspired by Trieste, Italy. The pilot project has obtained \$116 million in innovations funds from the MHSOAC and is pending approval from the Board of Supervisors. Please see the full article, attached.
- j. **Mental Illness Awareness Week Proclamation-** On Tuesday, October 8, the Yolo County Board of Supervisors proclaimed October 6-12, 2019 as Mental Illness Awareness Week in Yolo County. Please see attached resolution.
- k. **Public Safety Power Shut Off-** On Monday, October 7th, PG&E announced that they would be starting a Public Safety Power shutoff (PSPS) due to high winds and dry conditions producing a high wildfire risk to residents of Yolo County and number of counties in our Region. While PG&E was working on providing Yolo County with a list of their medical baseline customers, the leadership from HHSAs worked with their staff to gather a list of clients that may be affected by loss of power due to dependence on electricity for their medical needs. Working with the Office of Emergency Services (OES) and Geographic Information System (GIS) mapping, we were able to overlay our identified clients with the medical baseline customers identified by PG&E and identified 348 residents in the power shutoff areas that rely on electricity. This list was shared with the respective HHSAs leadership to contact their clients to ensure their medical needs were met during the power shutoff. Throughout the PSPS event on Wednesday and Thursday, there were no significant impacts to our clients due to the pre-planning efforts of HHSAs leadership and OES to ensure our impacted cities were provided with resources as well as knowing the location of PG&E's Community Resource Center. By late Thursday afternoon, we were informed from PG&E that Yolo County's power was 100% restored.
- l. **Medication Assisted Treatment (MAT) Learning Collaborative -** Our nation now experiences close to 70,000 opioid related deaths per year. In Yolo, countywide departments have recognized the need for better understanding of and access to Medication Assisted Treatment (MAT), deciding to take advantage of two statewide collaborative efforts to bring this important resource to our community. The first effort, the MAT Learning Collaborative, is intended to increase access to MAT in jails and drug courts and has been occurring since April 2019. The second in-person session of this collaborative was held in Ontario, California on September 19th. Local representatives from the Public Defender's Office, District Attorney's Office, Probation Department, County Administrators Office, CommuniCare Health Centers, WellPath, and Health and Human Services Agency attended this session. The overall goal of this effort is to

implement new policies, procedures, and practices to increase access to these important medications through a collaborative effort. The second effort, County Touchpoints project, is a leadership series intended to provide information and encourage active discussion about supporting treatment of opioid addiction with Medication Assisted Treatment (MAT) for persons involved in the criminal justice system. The first in-person session was held in Rancho Cordova on September 26th. Representatives from multiple County departments attended, including the Probation Department, Public Defender's Office, District Attorney's Office, and HHSA.

- m. Yolo County Opioid Coalition (flyer attached)** - This is a joint effort between CommuniCare Health Centers and Health and Human Services Agency, and will be co-chaired by Sara Gavin, Chief Behavioral Health Officer at CommuniCare, and Ian Evans, Alcohol and Drug Administrator for Yolo County. The coalition wants your voice to be included in the effort to strengthen connection and relationships between service providers and community members, and support paths to healing for community impacted by Opioid use and addiction. This coalition will use data, community-input and multi-disciplinary collaboration to set recommendations and direction for prevention, early intervention and treatment for those impacted by addiction.

Below is a tentative agenda for the kickoff meeting on **November 13th**. Drinks and snacks will be served!!!

- Welcomes and Introductions
- State of the State Presentation by Dr Gloria Miele
- State of the County Presentation by CommuniCare Health Centers and CORE Medical staff
- Yolo Prescribing Practices by Public Health Officer Dr Ron Chapman
- Feedback/Input from the community and providers

Please make sure to RSVP using the reservation link on the flyer so we know how much food to bring!!

- n. Department of State Hospital Grant** – This is one-time funding of approximately one million dollars over a 3-year period to divert up to 8 individuals from Department of State Hospital beds for Felony Competency Restoration. The grant will allow HHSA to hire a clinician and a case manager to support these clients in the community with robust services, housing options, and competency restoration services. DSH is hoping that these grants throughout California will be effective and show a proof of concept that could create ongoing funding for similar programs long-term. This grant will be administered by the District Attorney's office, and we hope to have staff hired and serving clients early in 2020.
- o. Justice and Mental Health Collaborative Grant** - On September 20, the County received the news from Attorney General William Barr that the Office of Justice Programs

awarded and approved our application for funding under the Justice and Mental Collaboration program in the amount of \$747, 280. This grant will allow us to double the number of participants in Mental Health Court. Drafting this grant was a collaborative effort between HHSa, the District Attorney, the Public Defender and the Probation Department. This grant will be administered by the District Attorney's office and we hope to have staff hired and serving clients early in 2020.

- p. Regional Mental Health Correctional Facility** – On October 22nd, the Board of Supervisors received a presentation on a proposed feasibility study for a Regional Correctional Mental Health Facility, confirm Yolo County's partnership on the feasibility study with Sacramento County, and approve budget resolution to appropriate \$35,000 in General Fund contingency to cover the county's share of cost. The first phase, occurring over a 90-day period, would cost \$603,895 and involve four tasks (see Attachment B for details on each task):
1. Assess current services & treatment populations.
 2. Develop a treatment model for centralized delivery of mental health services.
 3. Conduct a cost/benefit analysis of the regional service delivery model.
 4. Document findings in a Final Report.

The Final Report would be shared with project stakeholders in each of the counties. The counties would then determine if the project concept is feasible and whether to advance to Phase 2 of the project. Phase 2 would address development of a facility proto-type, site selection, and assessment of alternative approaches such as remodeling an existing facility or development on a new "green field" site. The full cost of all phases, if the counties proceed beyond Phase 1, would be \$1.15 million.

- q. Child Youth and Family Branch Mental Health Update Presentation for the Board of Supervisors** - In April 2018, HHSa issued a request for proposals (RFP) from qualified community based organizations to provide Children's Outpatient Mental Health Treatment Services. This RFP requested proposals on a range of outpatient treatment services, including the provision of Early and Periodic Screening, Diagnostic, and Treatment (EPSDT). HHSa formed a Proposal Review Committee to review all proposals received, and ultimately selected four providers for the provision of EPSDT services during the period from fiscal year 2018-19 through 2022-23. This included two established EPSDT providers in our community (CommuniCare Health Centers and Turning Point Community Programs), and two providers that were new to providing this service in Yolo County (Stanford Youth Solutions and Victor Community Support Services).

These four contracts were presented to the Board of Supervisors for approval in October 2018. At that time, the Board requested that HHSa return with an update on how the contracts were performing.

Each of the four contracts include comparable performance measures that are

structured according to the Results Based Accountability (RBA) model. Each contractor is required to provide their data quarterly to staff in the HHS Children's Mental program so that the outcomes can be tracked and analyzed. Prior to fiscal year 2018-19, outcome measures of contracted EPSDT providers were not being consistently tracked by HHS. Within fiscal year 2018-19, data was only consistently available from all four providers beginning in April 2019. The contracts were finalized in October 2018, and only two of the providers (CommuniCare and Turning Point) were able to begin providing services immediately. The attached presentation reviews performance data for all four providers from the period between April 1, 2019 and June 30, 2019.

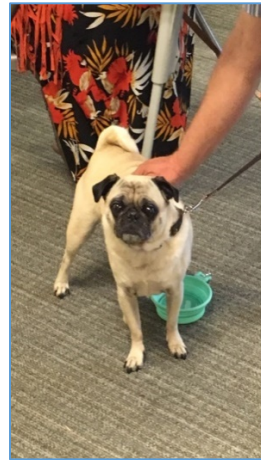
Yolo County Health and Human Services Agency (HHSA)
MHSA Wellness Center Program

Stress Management Group

featuring Animal-Assisted Therapy Interventions with



Walker Room, Bauer Building
137 N. Cottonwood Street, Woodland



Third Thursdays of Month, Noon to 1 p.m.

You are invited to participate in the remaining 2019 Groups

August 15, 2019 November 21, 2019
September 19, 2019 December 19, 2019
October 17, 2019

Please Note:

- ❖ **Open to adult HHSA specialty mental health clients (18 years of age and older).**
- ❖ **Group Expectations to be upheld by all for safety of everyone including therapy dogs.**
- ❖ **Consent and Liability Waiver form must be signed before each group to participate.**

For more information, please contact Stacy Mueller or Linda Hernandez-Fogle at 530-666-8630.

DATA DRIVEN RECOVERY PROJECT

Overview

The DDRP offers five Counties an opportunity to identify informed strategies for reducing the incidence, duration, and recurrence of arrests and incarcerations of people with behavioral health conditions. DDRP will accomplish this through improved use and appropriate sharing of data about the behavioral health needs of people in contact with or at increased risk of contact with the criminal justice system.



The cohort of Counties, led by Yolo County Health and Human Services Agency, includes:

- Yolo
- Nevada
- Plumas
- Sacramento
- San Bernardino

The DDRP envisions sustained improvements in outcomes and livelihoods for justice involved behavioral health clients through the development of partnerships, interventions, and analysis of key barriers and data sharing opportunities.

Two Components: 1) Data Sharing 2) Trauma Informed Care (Yolo County Only)

1) Data Sharing Deliverables

- Develop a data governance plan and cross-agency analytic plan to use and identify clients in multiple systems, but maintain privacy and confidentiality.
- Develop baselines for prevalence and outcomes for justice-involved behavioral health clients.
- Create Process maps to inform areas for system improvement, client connections, and efficiency gains.
- Build off of the Sequential Intercept Mapping effort to analyze gaps and support next steps in a data-driven way.

2) Trauma Informed Care Deliverables (Yolo County Only)

- Development of a framework or logic model for Trauma-Informed Training
- Implement Trauma Trainings (STC/POST Certification)
- Conduct Universal ACE's Screening and Evaluations of Adult Offender Population
- Conduct Therapeutic Cognitive Assessments with Targeted Therapy Recommendations for Adult Offenders with high ACE's scores
- Complete a final report on findings from Trauma Trainings, Screenings, Assessments and Targeted Therapies



ASSESSMENT OF
Yolo County
HOMELESS SYSTEM
GOVERNANCE

By the Technical Assistance Collaborative

September 2019



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INTRODUCTION

In January of 2019, California's Department of Housing and Community Development (HCD) presented the opportunity for Continuums of Care (CoC) and Counties across the state to request technical assistance (TA) in three different areas of focus: capacity building, housing first, and housing stability. Eligible recipients of this technical assistance included those CoCs and Counties that were direct recipients or administrators of California's Emergency Solutions Grant Program (ESG) or No Place Like Home funding. In February, the Yolo County Health and Human Services Agency (HHSA) requested capacity building technical assistance on behalf of the local CoC, Homeless Poverty and Action Coalition (HPAC). Technical Assistance Collaborative (TAC) was the firm assigned to this engagement.

The main purpose of the TA engagement was to assess the current homeless system governance structure countywide, with a primary focus on the CoC's governance structure, and identify areas of improvement to ensure an effective system-wide response to ending homelessness within the community. As part of this assessment, TAC performed the following activities:

- Review of relevant CoC documents and data including the Governance Charter, Point-in-Time Count, Housing Inventory Chart, System Performance Measures, and Coordinated Entry Policies & Procedures
- Conducted an online survey of CoC Membership (see attachment A)
- Presented survey results at CoC meeting
- Obtained additional stakeholder feedback through 10 individual one-on-one interviews (see attachment B)
- Facilitated an onsite meeting with the Technical Subcommittee
- Participated in biweekly check-in calls with Yolo County HHSA staff

This document summarizes key findings from the engagement and includes specific recommendations on structural changes that could improve the overall functioning of the CoC and homeless services system as a whole.

BACKGROUND ON CoC GOVERNANCE AND RESPONSIBILITIES

In 2009, the United States Department of Housing and Urban Development (HUD) created the CoC Program to fund projects with the goal of ending homelessness. Prior to the establishment of the CoC Program, HUD required that communities submit a single application for McKinney-Vento Homeless Assistance Grants in order to streamline the funding application process. While this application process laid the groundwork for a coordinated community response to homelessness, it did not require that communities formalize those planning bodies to establish a CoC. The work to end homelessness often took place in silos, with multiple entities promoting differing priorities in the same community despite a single funding application. Understanding that community-wide commitment and participation are essential in any planning process, HUD envisioned that CoCs would serve as the vehicle in which intergovernmental, cross-system, and multi-partner collaboration would drive the efforts.

Because there is such geographic and demographic variance across CoCs, HUD has given communities a great deal of flexibility in determining the best structures for governing their homeless systems. One CoC may consist of a single city and county while others may span multi-county regions encompassing

several cities and towns. By allowing CoCs to tailor their homeless systems to meet the needs of their individual communities, it is HUD's vision that each CoC will promote the goal of ending homelessness through collaborative strategic planning that provides funding opportunities for housing and services providers and access to those resources for households experiencing homelessness.

A CoC's competitiveness to secure funds each year in the CoC Program funding competition is determined in part by its ability to meet the requirements of the CoC Program interim rule published in 2012. The CoC Program interim rule outlines a number of responsibilities required of the CoC related to establishing and operating the CoC. In order to ensure these responsibilities are carried out, CoCs must adopt a governance charter outlining how each of these responsibilities will be performed. CoCs have a great deal of flexibility in how to structure their governance, however the following formal entities are required to be established:

1. The CoC. This is the group organized to carry out the responsibilities required under the CoC Program. The group should be composed of representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons to the extent these groups are represented within the geographic area and are available to participate.

2. The CoC Board. CoCs are required to establish a CoC Board to act on its behalf. The CoC Program interim rule contains only two requirements regarding the structure of the CoC Board. The two requirements are:

- a. Be representative of the relevant organizations and of projects serving homeless subpopulations; and
- b. Include at least one homeless or formerly homeless individual.

The CoC must also formally adopt and follow a written process to select the Board. The process must be reviewed, updated, and approved by the Continuum at least once every 5 years. The CoC Program interim rule does not provide any additional requirements about the process that the CoC must use to select its board.

It is important to note that the CoC Program interim rule does not assign any responsibilities to the CoC Board. Instead, the CoC must assign responsibilities to the CoC Board and document these responsibilities in the CoC's governance charter. This allows CoCs the flexibility to have a CoC Board that better meet its local needs.

3. The Collaborative Applicant. The CoC must designate a collaborative applicant. The collaborative applicant is an eligible applicant responsible for compiling and submitting the application in response to the annual CoC Program NOFA on behalf of the CoC as well as applying for a grant for Continuum of Care planning funds on behalf of the CoC. Any additional duties assigned to the collaborative applicant must be documented in the CoC's governance charter.

4. The HMIS Lead. This is the entity designated by the CoC to operate the CoC's HMIS on the CoC's behalf.

The CoC may require additional organizations, workgroups, or subcommittees to help them carry out their responsibilities. If this is the case, the CoC has the authority to designate responsibility to another organization, subcommittee, or workgroup. All designations must be fully documented, and approved by the CoC, in the CoC's governance charter.

While these structures are required to compete for CoC Program funding, it is notable that these funds are

not the only stream of homelessness resources that require allocation through the CoC. Seeing the value in HUD’s vision of the CoC as a community’s homelessness planning body, many states have also elected to structure funding opportunities to flow through the CoC at the local level. The state of California has begun to move in this direction. For example, the California Emergency Solutions and Housing Program (CESH) provides funding for assistance to households experiencing and at risk of homelessness. CESH requires that eligible applicants for this funding source be designated by the CoC. In addition to CESH funding, other CA State-funded homeless resources that flow through the CoC include the Homeless Emergency Aid Program (HEAP) and the State’s federal allocation of the Emergency Solutions Grant (ESG). These resources represented approximately 1.6 million dollars of funding for people at-risk of or experiencing homelessness in Yolo County in FY18.

EXISTING HOMELESS SYSTEM GOVERNANCE STRUCTURES

The Homeless and Poverty Action Coalition, or HPAC acts as the Yolo County Continuum of Care and its membership is open to all parties interested in issues of homelessness. HPAC currently boasts a regular membership list of approximately 30 agencies. The CoC Board is comprised of a group of voting members who have attended at least six general meetings in the previous year and have also participated on a least one standing or ad hoc subcommittee. In addition, voting members must also represent one of the following parties:

- Community based organization whose mission pertains to issues of homelessness and poverty
- The County of Yolo
- Cities within the County of Yolo
- Homeless and/or formerly homeless persons; and
- Private companies whose interests pertain to issues of homelessness and poverty.

Voting membership is determined annually on October 31st. Outside of the requirement that voting membership be representative of the parties listed above, there are no additional selection criteria. The voting membership, or Board, are not formalized as a separate entity from the general membership and do not meet outside of the 8 general membership meetings convened each year. Approximately 18 of the 30 membership agencies hold voting membership and are considered part of the board.

In addition to the group of voting members, there are 3 elected positions on the leadership board (Chair, Vice-Chair and Secretary) as well as a Homeless Coordinator position (non-voting) who staffs the CoC. The Homeless Coordinator role is currently filled by a team of staff members from Yolo County Health and Human Services Agency (HHSA). This position is funded through a memorandum of understanding between Yolo County HHSA and the cities of Davis, West Sacramento, and Woodland, as outlined in Table 1. While the majority of the activities assigned to this position are eligible planning costs under the CoC Program Interim Rule, they are not currently being supported by a CoC Program planning grant. Planning grants allow for communities to request up to 3% of their total funding need, or an amount otherwise indicated by

Table 1: Homeless Coordinator Funding

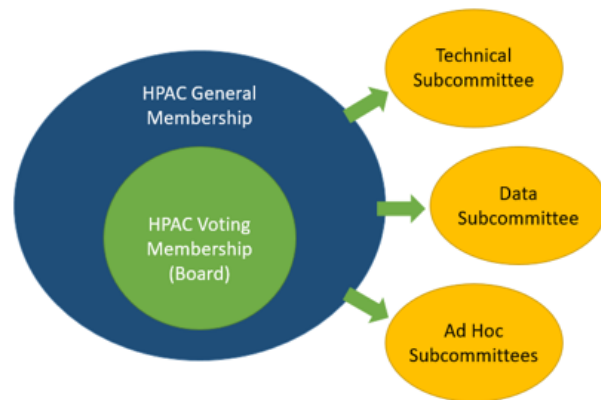
Jurisdiction	Contribution to Homeless Coordinator Position
City of Davis	\$10,000
City of West Sacramento	\$10,000
City of Woodland	\$10,000
Yolo County	\$5,000
Total	\$35,000

the applicable NOFA. HPAC's total CoC funding need amount during the FY2018 competition was estimated at \$524,011, meaning that a total of \$15,720 to support CoC planning activities could have been accessed had HPAC applied for the planning grant. The cost of the work being done to staff and support HPAC greatly exceeds the dedicated \$35,000 annually that is dedicated to fund it.

The role of the Collaborative Applicant and the HMIS Lead are both designated by the CoC to Yolo Community Care Continuum (YCCC). While YCCC is the designated entity in both these roles, Yolo County HHSA staff undertake a significant portion of the daily work associated with these roles. For example, Yolo County HHSA staff serve as the liaison between the HMIS administrator and users and provide technical support to users.

Beyond the required CoC entities in HPAC, there are two standing committees designated in the CoC Governance Charter: the Data Subcommittee and the Technical Subcommittee. The Data Subcommittee is primarily responsible for monitoring and addressing issues related to HMIS. The Technical Subcommittee has somewhat of a broad range with its role to focus on federal funding issues related to CoC and ESG. In addition to these two standing subcommittees, the CoC also establishes ad hoc committees to carry out duties. In the past, these have included a PIT committee and a ranking/review committee. A visual representation of the CoC structure can be seen in Figure 1.

Figure 1: HPAC Governance Structure Model



In addition to the work taking place at HPAC, there is local homelessness planning taking place among other entities. Each of the four cities that comprise Yolo County; Woodland, Davis, West Sacramento, and Winters, are engaged in local homelessness planning efforts within their jurisdictions. Recently, these four cities and a broad continuum of local agencies worked collaboratively with the County to draft a 3-year plan to end homelessness in order to secure No Place Like Home funding from the State of California. This funding supports the development of permanent supportive housing for people with mental health disabilities who are experiencing or at risk of chronic homelessness. Additionally, there is an Executive Commission on Ending Homelessness in Yolo County that is comprised of elected officials and an HPAC representative. This commission, supported by Yolo County Housing, meets quarterly with the goal of furthering a 10-year plan to end homelessness in the community. The Executive Commission was originally convened to move the plan through implementation, however, it remained inactive for several years until recently and is not tied to any funding source. A visual of the current Yolo County Homeless System Governance can be seen in Figure 2 on the following page.

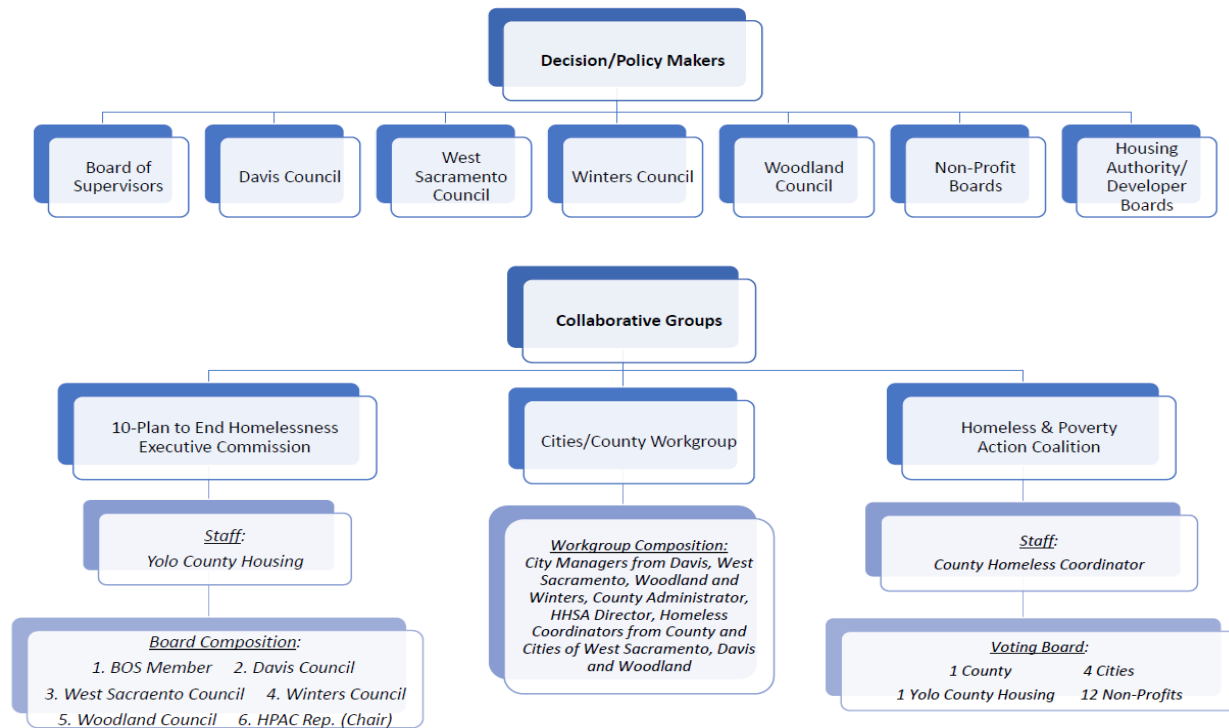
KEY THEMES AND CHALLENGES

While significant efforts are taking place to end homelessness across Yolo County, a number of issues were identified within the existing countywide governance structure that prevent the community from implementing a systemic and coordinated effort to ending homelessness.

Lack of Clarity on Roles/Responsibilities

In order to ensure an effective CoC governance model, each CoC member, Board member and other

Figure 2: Yolo County Homeless System Governance



designated entities should clearly understand their role as well as others’ roles within the CoC. Although the governance charter establishes the formal entities required by the CoC Program interim rule, it does not clearly define what each of the responsible tasks are of each entity. A review of the governance charter shows that many of the responsibilities required of the CoC are not formally tasked to any one entity within the CoC. This has resulted in many responsibilities being undertaken by the technical subcommittee and in some cases not being performed at all. The following table outlines each of the CoC responsibilities and the entity responsible for each responsibility based on a review of the Charter and discussions with the technical subcommittee.

Table 2: CoC Responsibilities and Responsible Party

Continuum of Care Responsibilities			
Regulation	Responsibility	Is this happening?	Responsible Party
Operate the CoC			
578.7(a)	Hold meetings of the full membership, with published agendas, at least semi-annually	Yes	Homeless Coordinator staffed through Yolo County HHS
578.7(a)	Issue a public invitation annually for new members to join within the geographic area	Yes	Homeless Coordinator staffed through Yolo County HHS
578.7(a)	Adopt and follow a written process to select a CoC Board and review, update, and approve at least once every 5 years	Yes	Technical Subcommittee
578.7(a)	Appoint additional committees, subcommittees, or workgroups	Yes	HPAC General Membership
578.7(a)	Adopt, follow, and update annually a governance charter in consultation with the collaborative applicant and HMIS lead	Yes	Technical Subcommittee

Table 2 (continued): CoC Responsibilities and Responsible Party

Regulation	Responsibility	Is this happening?	Responsible Party
Performance Targets and Monitoring			
578.7(a)	Establish performance targets appropriate for population and program type in consultation with recipients, subrecipients	No/Unclear	Technical Subcommittee Yolo County HHSA Staff
578.7(a)	Monitor recipients and subrecipients performance, evaluate outcomes and take actions against poor performers	No/Unclear	
578.7(a)	Monitor recipients/subrecipients performance and outcomes of ESG and CoC programs, and report to HUD	Unclear	Technical Subcommittee Yolo County HHSA Staff
Coordinated Entry			
578.7(a)	Establish and operate a centralized or coordinated assessment system in consultation with recipients of ESG funds	Yes	Technical Subcommittee
578.7(a)	Establish and follow written standards for providing CoC assistance in consultation with recipients of ESG funds.	Yes	Technical Subcommittee
Homeless Management Information System (HMIS)			
578.7(b)	Designate a single HMIS for its geographic area and designate an eligible applicant to manage its HMIS	Yes	HPAC General Membership
578.7(b)	Review, revise and approve privacy, security, and data quality plans	Yes	Data Subcommittee & Yolo County HHSA Staff
578.7(b)	Ensure consistent participation of recipients/subrecipients in HMIS	Yes	Yolo County HHSA Staff
578.7(b)	Ensure that the HMIS is administered in compliance with HUD requirements	Yes	Data Subcommittee & Yolo County HHSA Staff
Planning			
578.7(c)	Coordinate implementation of a housing and service system	Somewhat	Yolo County HHSA Staff
578.7(c)	Conduct, at least biennially, a PIT count of homeless persons that meets HUD's requirements	Yes	Ad hoc Subcommittee appointed by HPAC General Membership
578.7(c)	Conduct an annual gaps analysis of homelessness needs and services	Unclear	Yolo County HHSA Staff HPAC General Membership
578.7(c)	Provide information required to complete the Con Plan (s)	Yes	Yolo County HHSA Staff
578.7(c)	Consult with State and local ESG recipients in the geographic area on the plan for allocating ESG funds and reporting/evaluating performance of ESG programs	Yes	Yolo County HHSA Staff
Annual Application for CoC Funds			
578.9(a)	Design, operate, and follow a collaborative process for the development of applications and approve submission of applications in response to a CoC Program NOFA	Yes	Technical Subcommittee HPAC General Membership
578.9(a)	Establish Priorities for funding projects	Unclear/No	
578.9(a)	If more than one application, designate the collaborative applicant	Yes	HPAC General Membership
NOFA	Rank multiple applications if required by NOFA	Yes	Ad hoc Subcommittee

Table 2 (continued): CoC Responsibilities and Responsible Party

Regulation	Responsibility	Is this happening?	Responsible Party
Collaborative Applicant			
578.9(a)	The collaborative applicant must collect and combine the required application information from all projects within the geographic area and will apply for funding for CoC planning activities. If the CoC is an eligible applicant, it may designate itself.	Yes	Yolo Community Care Continuum, with staffing support from Yolo County HHSA
CoC Board			
578.5(b)	Establish a board to act on its behalf that is representative of the relevant organizations and of projects serving homeless subpopulations within the CoC geographic area and that includes at least one homeless or formerly homeless individual to act on its behalf	Yes	HPAC Voting Membership
578.5(b)	No CoC board member may participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefits to the organization that the member represents	Yes	HPAC Voting Membership

As the table shows, a large portion of the duties are currently being undertaken by the Technical Subcommittee. While the Homeless Coordinator and additional Yolo County HHSA staff are supporting the committee, this is a significant amount of work to be placed on one committee. It requires that committee members be well-versed in multiple subject matters and increases the likelihood that capacity issues will arise in performing all work at a high-level. During a group discussion with the Technical Subcommittee, it was apparent that some key CoC responsibilities were not being performed at a level needed to achieve improved outcomes. These include the following responsibilities:

- Setting Performance Targets and Monitoring System and Project Performance
- Developing a plan for coordinating the implementation of a housing and service system
- Conducting an annual gaps analysis of homelessness needs and services
- Establishing funding priorities for projects

Capacity issues are also an issue for the Data Subcommittee. It was noted during the onsite visit that this committee hasn't convened as regularly as expected which results in some of the work then being taken on by the Technical Subcommittee or directly by Yolo County HHSA staff. It's important to highlight part of the problem is a lack of participation from all CoC members on committees leading to the same members on both committees.

One other area that demonstrates a lack of clarity on roles and responsibilities is the role of the County serving as the homeless coordinator as well as providing substantial operational support in fulfilling the obligations of the Collaborative Applicant and HMIS Lead (YCCC). The County carries out the primary day-to-day activities associated with these roles. While YCCC does provide some oversight of these activities, this additional layer of oversight seems duplicative and inefficient. One area of concern related to this set-up is the fact that the CoC chose not to pursue a planning grant in the last CoC funding round. This is essentially "free" money and many of the tasks performed by the County would be eligible under a CoC planning grant.

Need for comprehensive, coordinated Strategic Planning

As noted earlier, multiple planning efforts are taking place across the County. However, these efforts have not been effectively coordinated resulting in fragmented strategies that are not fully aligned or

implemented across the homelessness response system. While some of these efforts may have resulted in a positive impact for one project or one area, planning should be happening through a system-wide lens so that all strategies are aligned and have their intended impact across the County. Right now, the multiple planning groups in place (HPAC, City jurisdictions, the Executive Commission) are operating in silos with little to no structured coordination. This translates to a lack of clarity around the community's vision for ending homelessness and how that progress is being evaluated.

It was evident from discussions that some City staff are not fully informed on the role of HPAC and some HPAC members were unaware of the existence of the Executive Commission or its intended purpose. Some of those familiar with the Executive Commission highlighted that the group has been somewhat ineffective in moving the County towards a common vision of ending homelessness. It was noted that the 10-year plan that was formed under that leadership had not been reviewed or updated over the years. The Executive Commission was not created under any specific authority and does not have any by-laws established which may have impacted its ability to drive progress.

Without a common vision and strategy leading the full homelessness response and the various systems that interact with those experiencing homelessness (Healthcare, Criminal Justice, Education, etc.), it is unlikely that system changes necessary to significantly decrease homelessness will take place. Key areas that should be included as part of strategic planning are data analysis, identification of housing and service gaps, implementation of coordinated entry, principles of housing first, and establishing priorities for funding.

The lack of set funding priorities and identified system gaps was an issue observed in both the CoC governance structure as well as the planning happening at the County and City levels. Currently, when funding streams become available, an ad-hoc application process ensues that does not always allow for the highest performing projects to be put forward or to ensure the most pressing needs are being addressed adequately across the full geographic area.

On a positive note, the recent Yolo County Plan to Address Homelessness created in January 2019, addresses some of the challenges noted above. It also specifically identifies one overarching goal to “examine systems level coordination, identifying opportunities for improved partnership.” While the plan itself is a solid framework for ongoing strategic planning efforts, it is unclear who is leading each of the goals and how progress on each goal will be evaluated.

Need for Monitoring and System Performance Evaluation

Currently, the CoC has not established a defined process for setting performance targets or evaluating system or project performance. A critical aspect of the CoC Program is a focus on viewing the local homeless response as a coordinated system of homeless assistance options as opposed to homeless assistance programs and funding sources that operate independently in a community. To ensure the CoC is meeting its goals as a coordinated system of care, it should regularly measure its progress in meeting the needs of people experiencing homelessness in the community. Without defined performance targets, it is unclear to providers and the community what performance expectations are and what the intended goals are in reducing and ending homelessness.

Through system and project performance evaluation, the CoC can identify areas of additional support needed (i.e. Housing First training) and whether specific interventions or system components are having their intended impact (i.e. successful CES placements).

It is not clear if project and/or system performance is evaluated for homelessness funding awarded at the County and City levels.

TAC RECOMMENDATIONS

TAC developed the following seven recommendations based on the key themes and challenges identified through our engagement. These recommendations are intended to improve specific areas of governance within the County's homelessness system allowing for a more effective and coordinated response.

Recommendations for CoC Governance

Recommendation #1: Expand on HPAC's existing governance charter to ensure that all operational aspects of the CoC including all requirements per HUD's CoC Program Interim Rule, are detailed explicitly in writing.

As noted earlier, the existing governance charter does not clearly articulate all of the roles and responsibilities within the CoC. Whether any of the additional recommendations are adopted or not, it is important that the Charter outline how each CoC responsibility is operationalized.

Recommendation #2: Expand existing committee/subcommittee structure within HPAC to ensure that all responsibilities of the CoC are being met efficiently, effectively, and with the appropriate CoC membership at the table.

The existing committee structure relies too heavily on the members of the Technical Subcommittee to perform a majority of the responsibilities within the CoC. This set-up does not allow for a high level of focus or expertise to be fostered and may be inhibiting the CoC from establishing best practices or more advanced approaches within specific areas. Two additional committees recommended are a Coordinated Entry Subcommittee and a Performance Monitoring & Evaluation Subcommittee. Additionally, it is important that additional efforts be made to address the capacity issues within the Data Subcommittee.

Recommendation #3: Shift the assignment of Collaborative Applicant to the Yolo County Health and Human Services Agency.

Given their role in existing planning efforts and the collection and submission of the CoC application, it is recommended that County take on formal role of the Collaborative Applicant. This should reduce some duplication of work and inefficiencies in administering the CoC planning grant.

Recommendation #4: Shift the assignment of the HMIS Lead to the Yolo County Health and Human Services Agency.

Similar to #3 above, with the County taking on much of the day-to-day activities of the HMIS Lead, TAC recommends that the County become the HMIS Lead entity to create greater efficiencies and clarity of responsibilities.

Recommendation #5: Conduct outreach necessary to ensure representation from all CoC stakeholders including persons with lived experience.

It is recommended that the CoC make targeted outreach efforts to ensure that its membership is representative of all relevant organizations in the CoC area including nonprofit homeless assistance providers,



victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, and organizations that serve veterans, homeless, and formerly homeless individuals. While many of these stakeholders are represented in the CoC membership, they may not all be playing an active role or participating in committees. The CoC should consider ways to consistently engage more members and ensure that all voices are being represented.

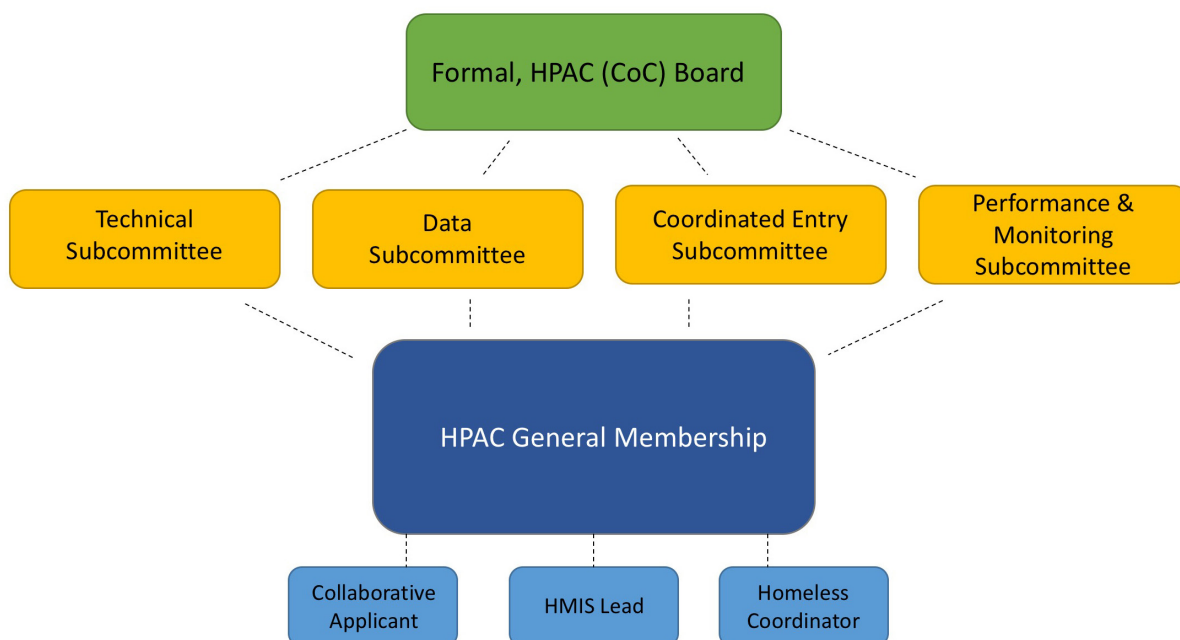
Recommendation #6: Create a new HPAC Board with the primary role to establish policies and funding priorities that align with the larger community strategic vision.

The current governance structure within HPAC does not allow for high-level discussion and planning efforts to take place at a leadership level. Currently, there isn't much distinction between those voting members who make up the board and other CoC members who attend general meetings. For the most part, the general meetings are a place to share information amongst providers and give updates on funding opportunities. TAC recommends the creation of a new, formalized HPAC Board that meets separately from the general membership with a focus on strategic planning and ensuring HPAC policies and funding align with the overall community vision.

It is suggested that members of the Board be selected to fill defined number of slots designated for specific representatives. It is also suggested that staggered term limits be established. For example, HPAC may determine that the board should be comprised of no more than 15 individuals representing the following organizations and bodies of government: local jurisdictions (4), County (2), law enforcement (1), Yolo County Housing (1), non-profit housing and services (4), individuals with lived experience (2), other member at large (1). Three-year board term limits are common in many CoCs.

In addition to overall strategic planning, the board would be responsible for overseeing the work of each of the committees within the HPAC and ensuring the CoC is meeting all of its responsibilities. The HPAC Board would also serve as a direct channel to any larger homeless system planning body established at the County level (See Recommendation 7). Figure 3 shows a visual of the recommended HPAC Governance Structure.

Figure 3: New HPAC Governance Structure



Recommendations for Yolo County Homeless System

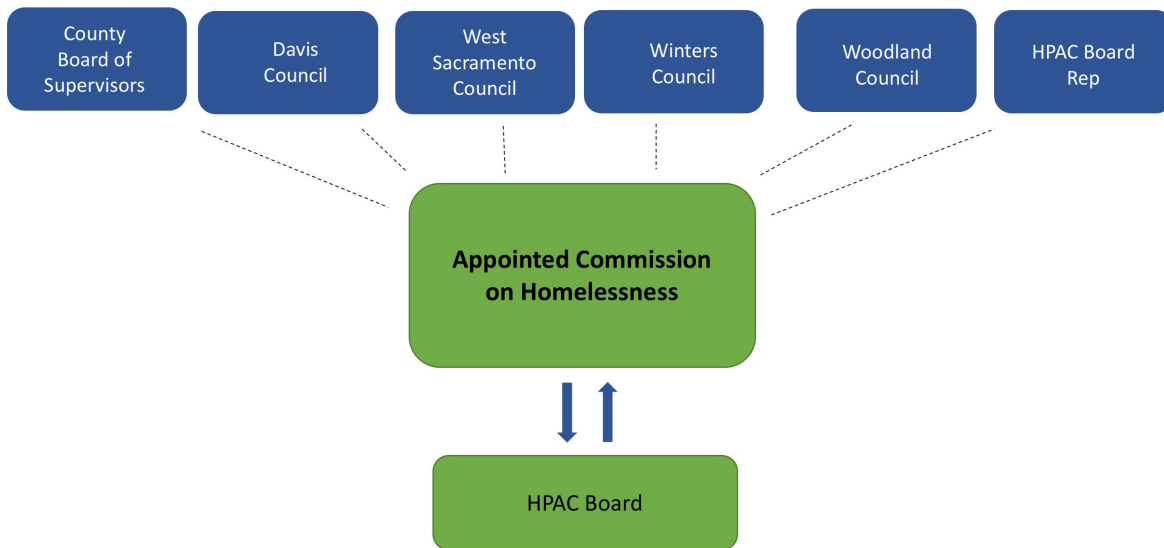
Recommendation #7: Create County-level Strategic Planning Body responsible for Creating and Implementing a Community-wide Vision for Ending Homelessness

One of the biggest gaps identified within the County’s homelessness system was a lack of clear and comprehensive strategic planning across the geographic area. While each local jurisdiction may have specific needs to address, it is necessary that planning efforts are streamlined as much as possible across jurisdictions and other governing bodies throughout Yolo County.

With the multiple systems that interact with people experiencing homelessness, it’s important that the County have one overarching planning body that develops and oversees a community-wide vision for ending homelessness. This body would be responsible for approving and overseeing any county-wide strategic plans to end homelessness (i.e. No Place Like Home Plan). As part of this, it is expected that this body would develop policy on a large range of issues impacting the homeless system including: coordination of housing and service delivery, cross-jurisdictional issues, development of homeless dedicated resources, establishing funding priorities, advocacy and public education efforts, and system level performance evaluation.

There are two potential structures that TAC recommends for this body. One structure is an appointed commission on homelessness which would include elected officials from the County, elected officials from each City, and a representative from the HPAC Board. It is important that HPAC is represented on this higher-level planning body to ensure a flow of information and knowledge at all levels. An example of this structure is shown in Figure 4.

Figure 4: Appointed Commission on Homelessness

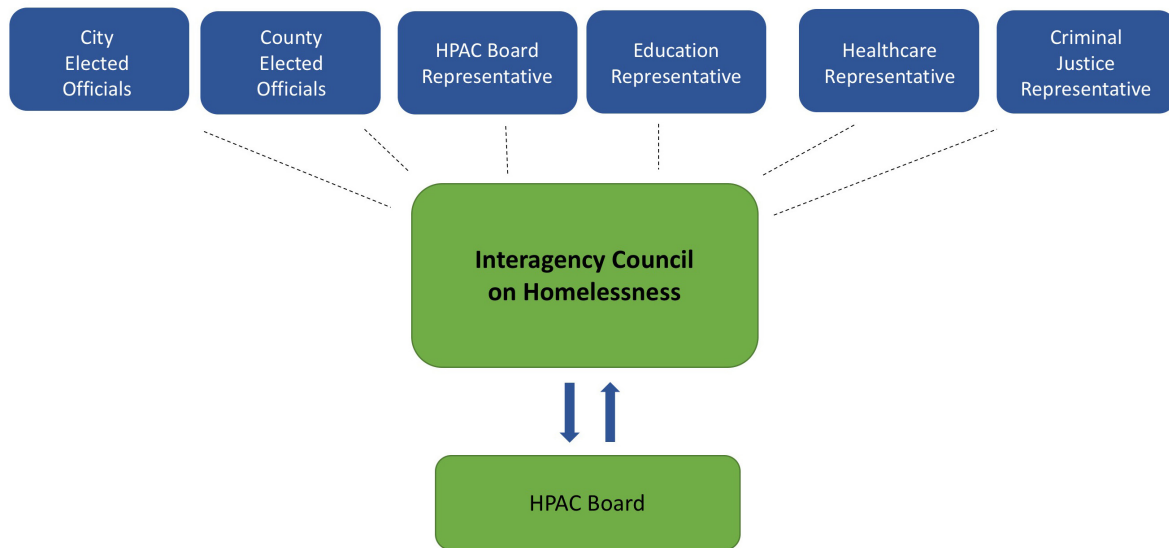


One benefit to the above structure is that it is similar to the Executive Commission and could therefore be more readily established.

Another potential structure that could be established is an Interagency Council on Homelessness. This type of structure uses a multi-stakeholder governance approach. It would include all of the members from the Appointed Commission (City/County elected officials and HPAC Rep) as well as members of other systems and sectors impacted by homelessness. This could include representatives from Education, Criminal Justice, and Healthcare. Similar to the previous example, this interagency council

would also collaborate directly with the HPAC board to ensure that any established vision or policy around ending homelessness is implemented at the ground level. An example of this structure is outlined in Figure 5.

Figure 5: Interagency Council on Homelessness



A significant benefit of this structure is that it allows for a greater amount of input from a diverse set of stakeholders that are impacted by homelessness. This would help to ensure that any decision-making around policy and planning is reflective of all community needs and perspectives. This structure may also assist with breaking down silos within different systems of care allowing for greater movement on issues like data sharing or discharge planning. One consideration of an interagency council on homelessness is that it may take longer to establish and would require commitment and buy-in from the different groups or systems being represented.

It is important to highlight that no matter what structure is chosen to serve as a county-wide strategic planning body, it should be clearly defined with its purpose and responsibilities outlined in by-laws or some other formal, written agreement.

CONCLUSION AND NEXT STEPS

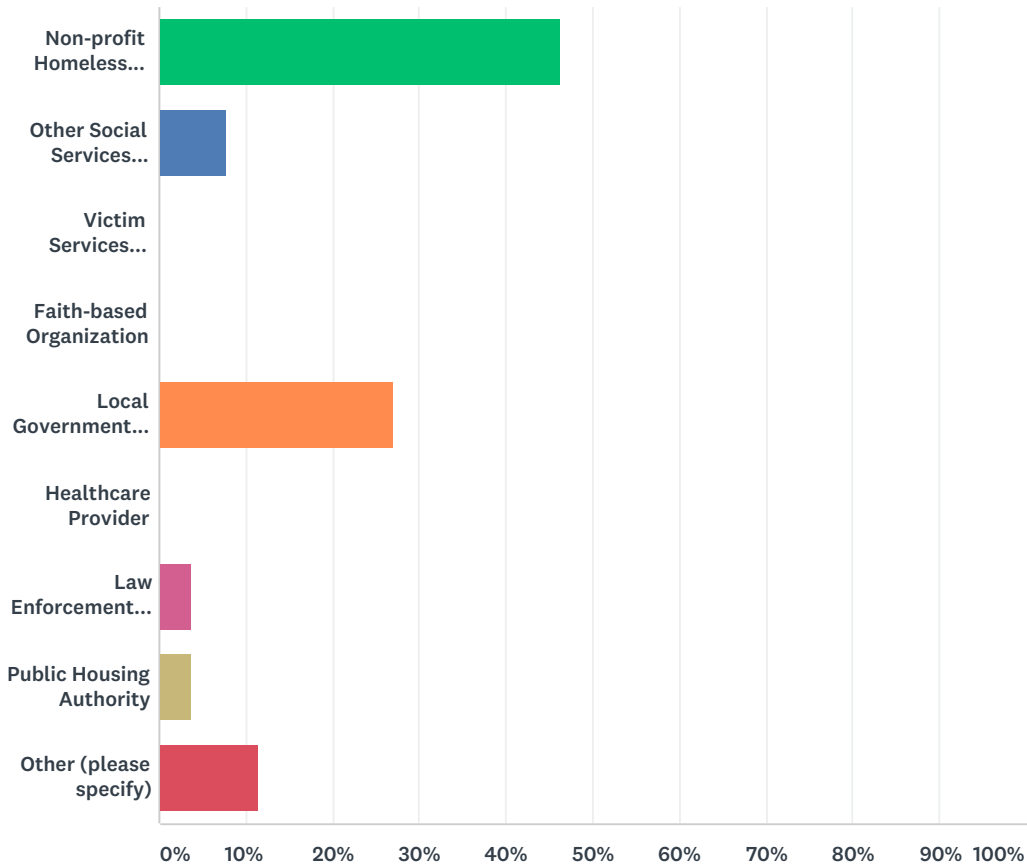
While a strong commitment to ending homelessness exists across the many stakeholders working within Yolo County's homelessness response system, there are some specific governance challenges that are inhibiting the ability to operate effectively as a comprehensive system. With the implementation of the recommendations noted in this report, it is expected that provider agencies, funders, City and County representatives, community members and other stakeholders will have a clear understanding of the community's vision and the different entities responsible for executing that vision.

If and how these recommendations are implemented will largely depend on whether the existing structures in place within HPAC and the County and City level agree to adopt them. We strongly recommend a convening of the relevant entities to discuss these recommendations in detail and determine the best path forward for the Yolo County Homeless System.

Attachment A: Yolo Survey Data

Q1 Which best describes your role as a member of HPAC/Yolo County CoC?

Answered: 26 Skipped: 0



ANSWER CHOICES	RESPONSES	
Non-profit Homeless Services Provider	46.15%	12
Other Social Services Provider	7.69%	2
Victim Services Provider	0.00%	0
Faith-based Organization	0.00%	0
Local Government Entity	26.92%	7
Healthcare Provider	0.00%	0
Law Enforcement Official	3.85%	1
Public Housing Authority	3.85%	1
Other (please specify)	11.54%	3
TOTAL		26

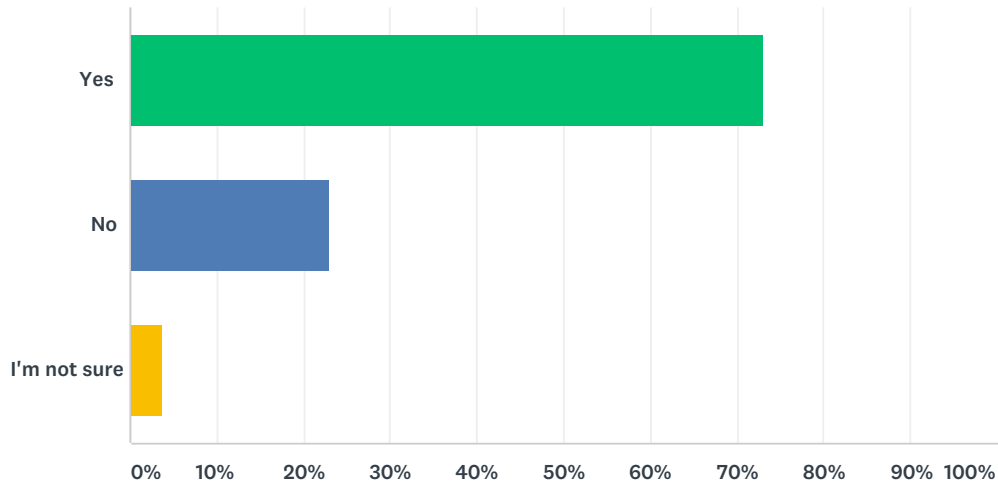
#	OTHER (PLEASE SPECIFY)	DATE
1	County government/staff to the CoC	6/18/2019 8:50 AM

Yolo County Capacity Building TA Survey

2	Community non-profit advocate and housing partner	6/10/2019 10:25 AM
3	Other Social Services Provider / Local Government Entity / Law Enforcement Entity / CoC Chair	5/30/2019 11:30 AM

Q2 Are you a part of the CoC's Board of Voting Members?

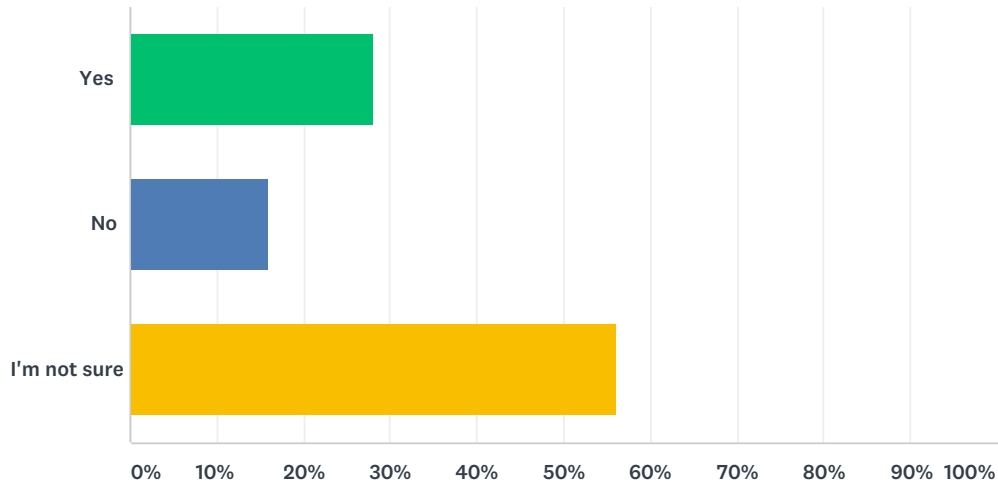
Answered: 26 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	73.08%	19
No	23.08%	6
I'm not sure	3.85%	1
TOTAL		26

Q3 Are there any community stakeholders or other entities missing from CoC membership?

Answered: 25 Skipped: 1

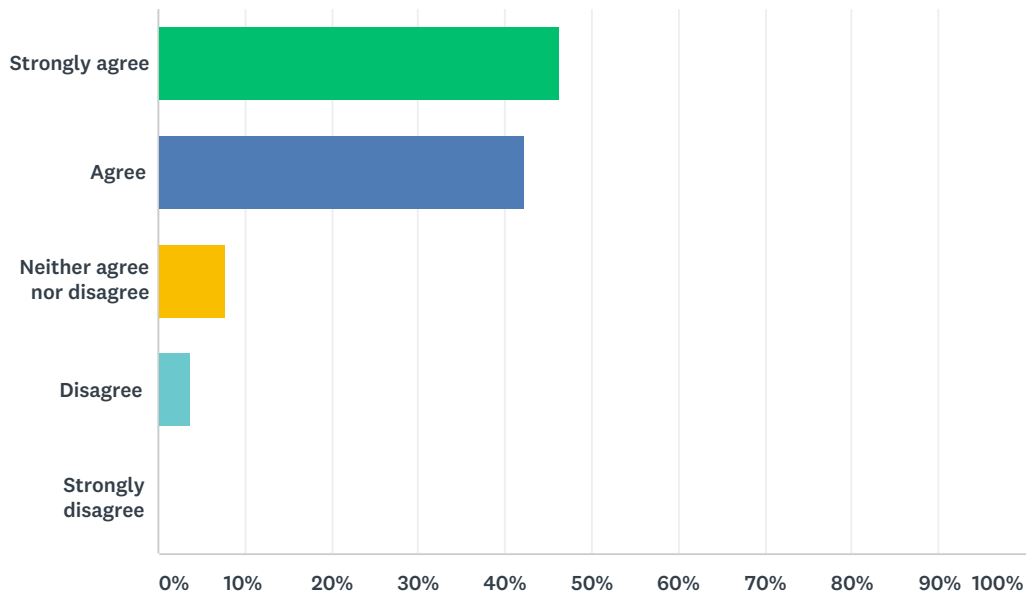


ANSWER CHOICES	RESPONSES
Yes	28.00% 7
No	16.00% 4
I'm not sure	56.00% 14
TOTAL	25

#	IF YES, PLEASE EXPLAIN.	DATE
1	I believe the voting members should be elected officials from each City and County as well as one Provider representative	6/18/2019 2:42 PM
2	Individuals and families living homeless are not well represented	6/18/2019 8:50 AM
3	Clients utilizing our services	6/10/2019 10:53 AM
4	HPAC is inclusive and open to the public. I am not aware of any entities that should participate that are not engaged.	6/10/2019 9:11 AM
5	What about representatives from the Real Estate or Development community? Business community?	6/5/2019 12:18 PM
6	We have intermittent attendance at CoC meetings from the large health care providers (Sutter, Dignity, UC Davis Health). I think that with better collaboration between them and the CoC both groups would be better able to serve our mutual clients / patients.	5/30/2019 11:30 AM
7	Homeless Residents	5/30/2019 8:50 AM

Q4 Do you agree or disagree with the following statement: I have a strong understanding of my role as a member of the CoC.

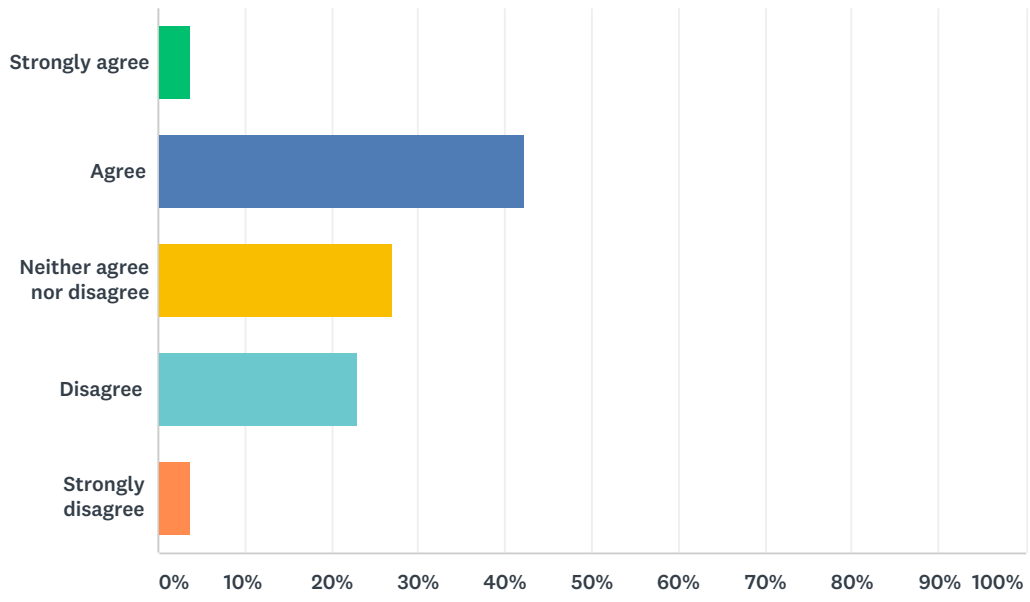
Answered: 26 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	46.15%	12
Agree	42.31%	11
Neither agree nor disagree	7.69%	2
Disagree	3.85%	1
Strongly disagree	0.00%	0
TOTAL		26

Q5 Do you agree or disagree with the following statement: The roles and responsibilities of the CoC Collaborative Applicant, leadership, subcommittees, and general membership are clearly defined and understood by all members.

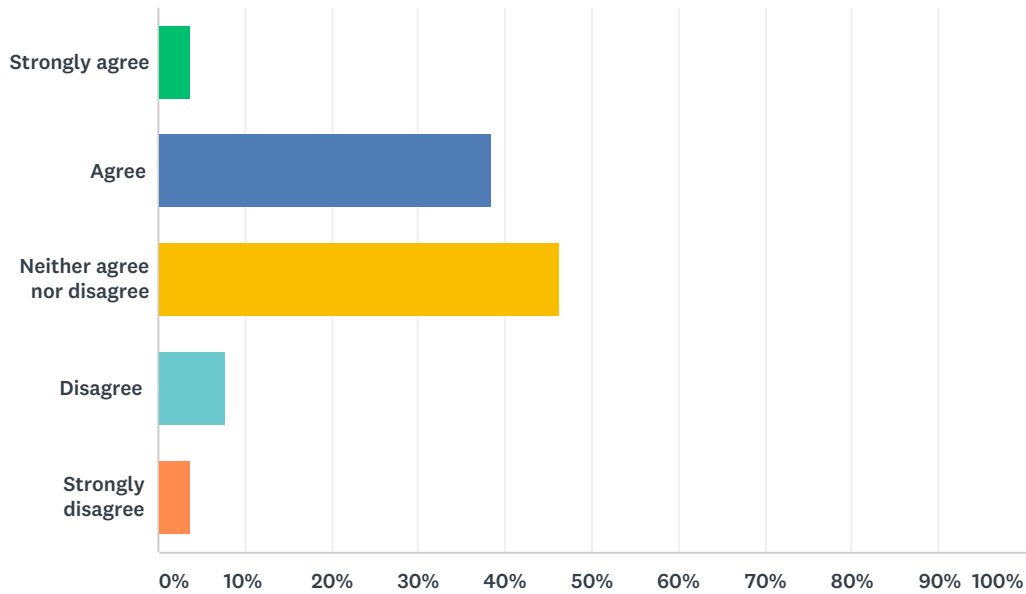
Answered: 26 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	3.85%	1
Agree	42.31%	11
Neither agree nor disagree	26.92%	7
Disagree	23.08%	6
Strongly disagree	3.85%	1
TOTAL		26

Q6 Do you agree or disagree with the following statement: The CoC's governance functions in reality as it is described in writing in the CoC's Governance Charter.

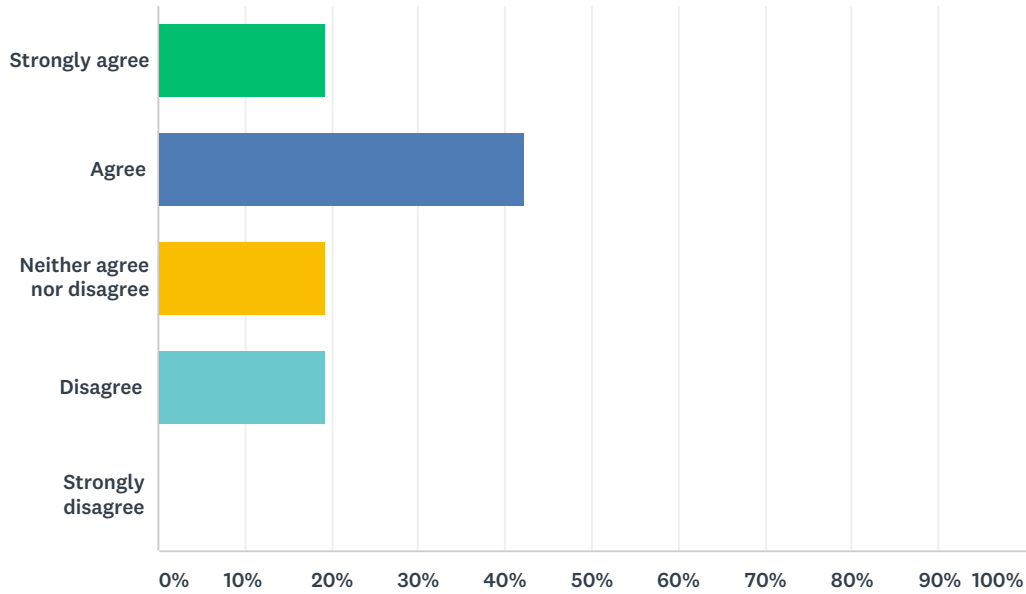
Answered: 26 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	3.85%	1
Agree	38.46%	10
Neither agree nor disagree	46.15%	12
Disagree	7.69%	2
Strongly disagree	3.85%	1
TOTAL		26

Q7 Do you agree or disagree with the following statement: I have a strong understanding of the decision making process in the CoC as it relates to funding of projects and project performance evaluation.

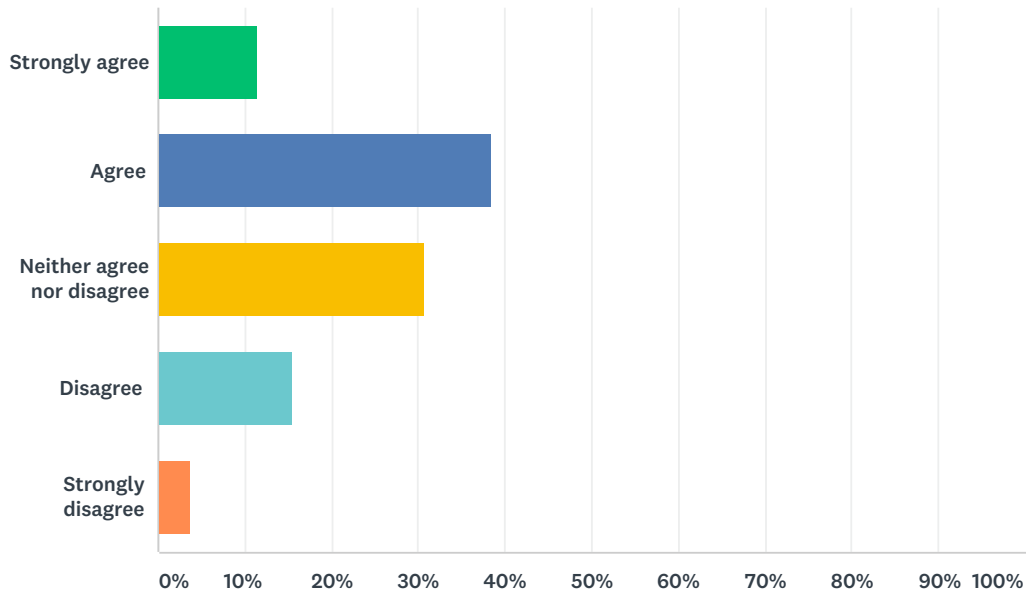
Answered: 26 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	19.23%	5
Agree	42.31%	11
Neither agree nor disagree	19.23%	5
Disagree	19.23%	5
Strongly disagree	0.00%	0
TOTAL		26

Q8 Do you agree or disagree with the following statement: The current CoC decision-making structure allows for accurate reflection of the community’s needs as it works to end and prevent homelessness.

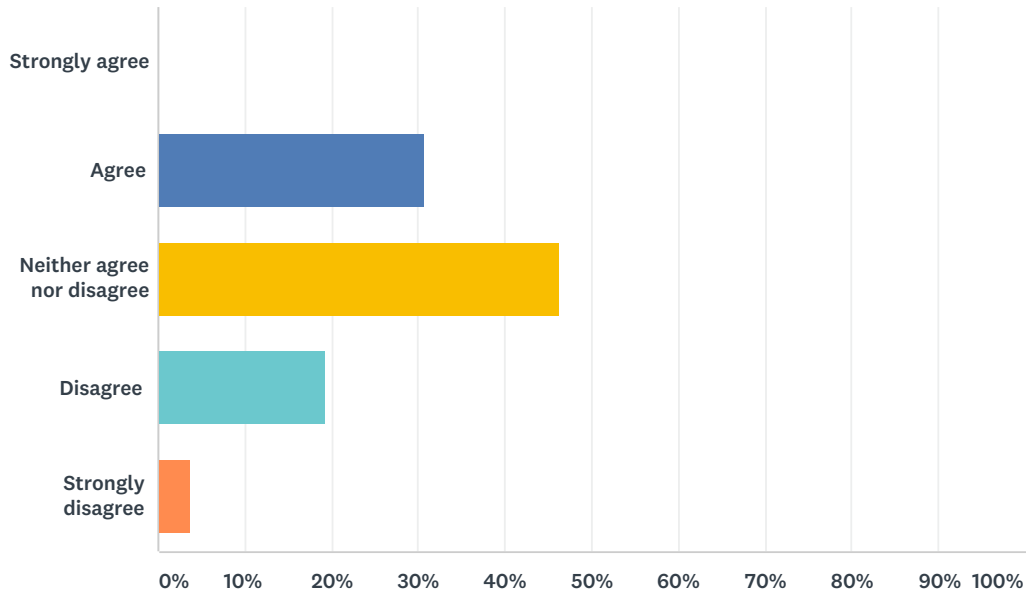
Answered: 26 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	11.54%	3
Agree	38.46%	10
Neither agree nor disagree	30.77%	8
Disagree	15.38%	4
Strongly disagree	3.85%	1
TOTAL		26

Q9 Do you agree or disagree with the following statement: Data and review of system performance drive decision-making in the CoC.

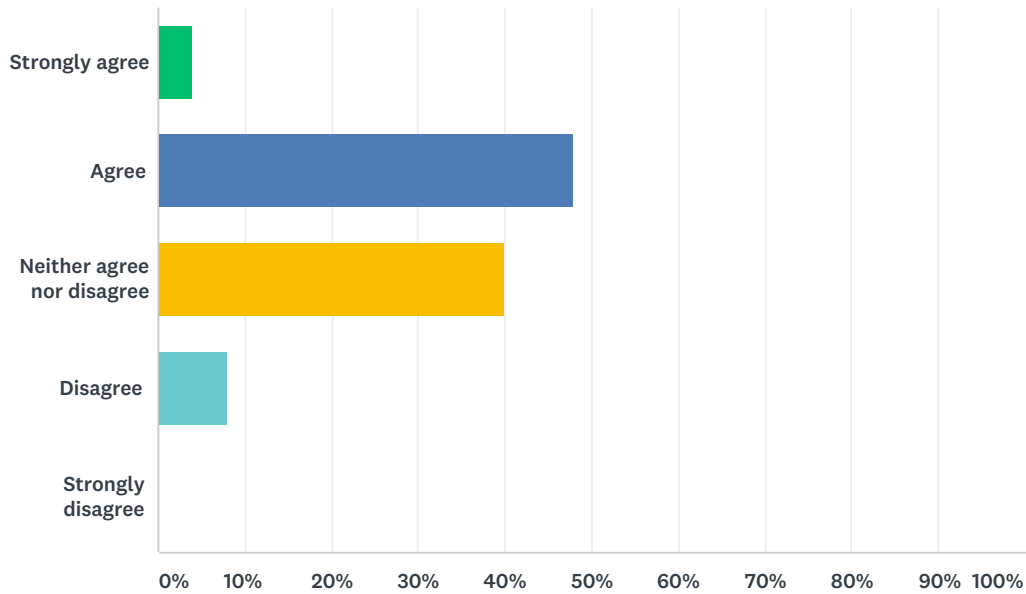
Answered: 26 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	0.00%	0
Agree	30.77%	8
Neither agree nor disagree	46.15%	12
Disagree	19.23%	5
Strongly disagree	3.85%	1
TOTAL		26

Q10 Do you agree or disagree with the following statement: The CoC has sufficient subcommittees to meet all CoC obligations and carry out related work.

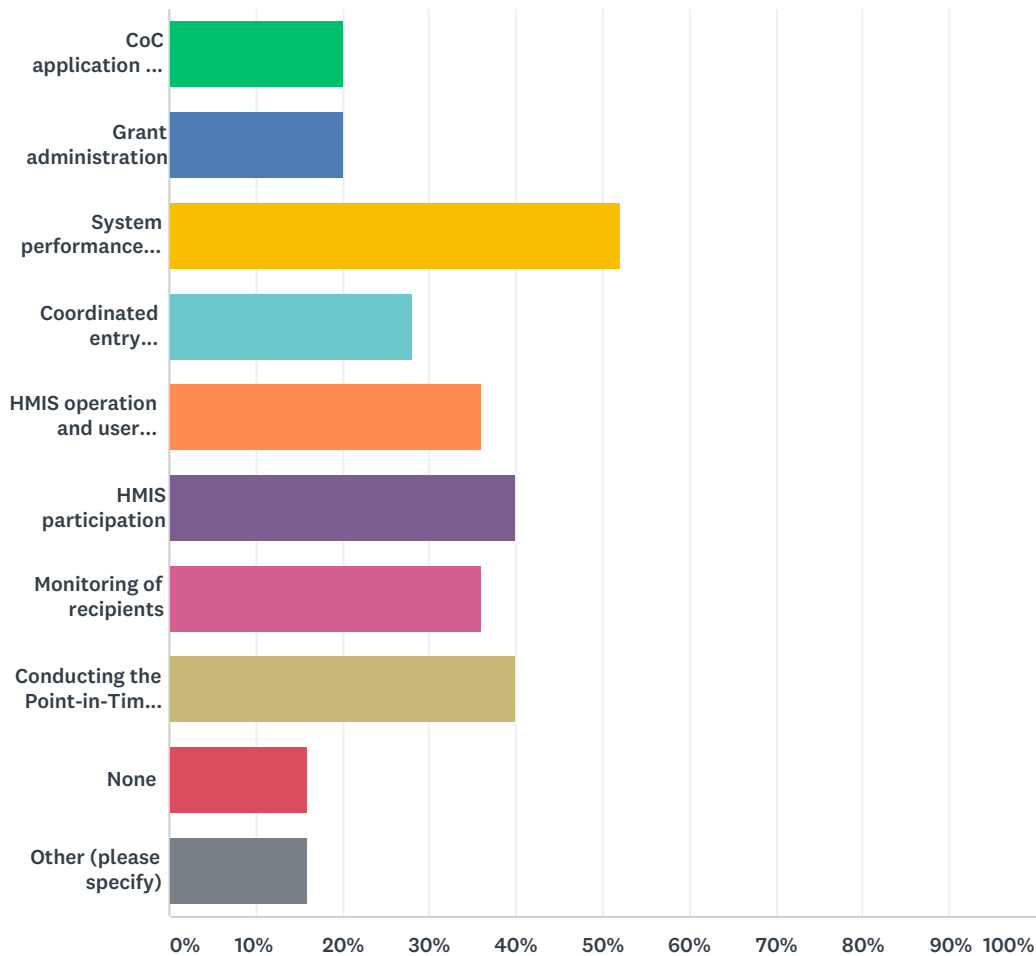
Answered: 25 Skipped: 1



ANSWER CHOICES	RESPONSES	
Strongly agree	4.00%	1
Agree	48.00%	12
Neither agree nor disagree	40.00%	10
Disagree	8.00%	2
Strongly disagree	0.00%	0
TOTAL		25

Q11 Are there any specific areas of the CoC governance and structure that you feel require strengthening? You may select more than one.

Answered: 25 Skipped: 1



ANSWER CHOICES	RESPONSES	
CoC application to HUD, including review/ranking of project applications	20.00%	5
Grant administration	20.00%	5
System performance evaluation	52.00%	13
Coordinated entry implementation	28.00%	7
HMIS operation and user support	36.00%	9
HMIS participation	40.00%	10
Monitoring of recipients	36.00%	9
Conducting the Point-in-Time Count	40.00%	10
None	16.00%	4
Other (please specify)	16.00%	4

Yolo County Capacity Building TA Survey

Total Respondents: 25

#	OTHER (PLEASE SPECIFY)	DATE
1	I think we should have a Board of non-conflicted representatives who have the authority to make all funding recommendations in line with community needs and best practices.	6/18/2019 2:42 PM
2	State grant review/ranking of applications	6/10/2019 10:25 AM
3	Local competitions for grants that go directly to the CoC need process improvements for transparency and consistency.	5/30/2019 11:30 AM
4	advocacy.....We need to spend more time and effort advocating for housing and other services for our population.	5/30/2019 10:49 AM

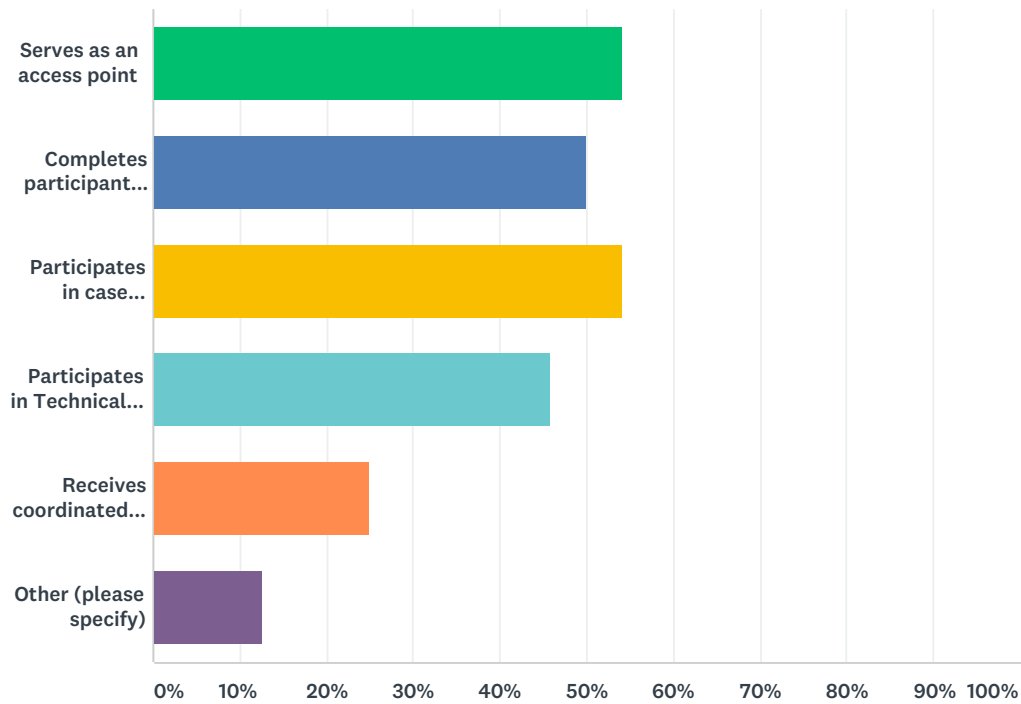
Q12 If you have any other comments, concerns, or questions related to the Yolo County CoC governance and structure as it might related to this capacity building TA engagement, please describe them here.

Answered: 7 Skipped: 19

#	RESPONSES	DATE
1	Role of HHSA has expanded which is mostly positive but does create some concerns.	6/20/2019 12:26 PM
2	The structure needs to be in a form of a JPA. The current program is too scattered.	6/20/2019 10:46 AM
3	I believe we need to move toward a Board of Directors of sorts for HPAC, comprised of elected officials from each jurisdiction, a provider representative, and a person with lived experience. This Board would have the final decision making authority around funding/programming in line with Action Plan and best practices.	6/18/2019 2:42 PM
4	na	6/11/2019 7:20 AM
5	Not at this time	6/10/2019 9:32 AM
6	I think that the performance measure in regard to exiting clients does not apply to emergency shelter providers in the same way it applies to permanent shelter providers.	6/10/2019 9:19 AM
7	We need to examine if large entities (such as the County of Yolo) can only have one representative per department / agency. HHSA has representation, but the DA's office is interested in voting membership and it's unclear if current policies and procedures allow this.	5/30/2019 11:30 AM

Q13 How does your organization participate in coordinated entry? You may select more than one response.

Answered: 24 Skipped: 2

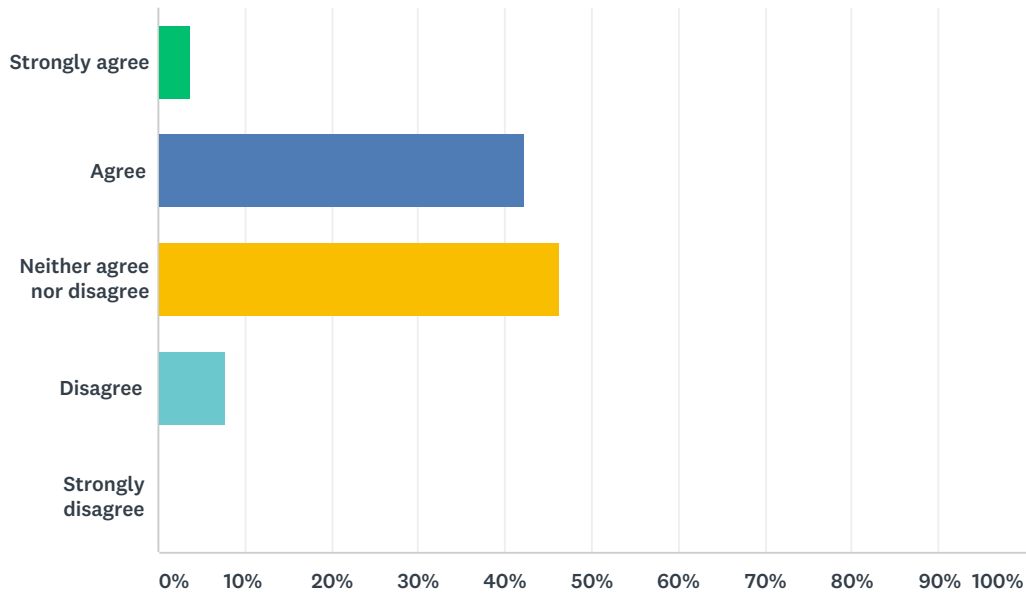


ANSWER CHOICES	RESPONSES	
Serves as an access point	54.17%	13
Completes participant assessments	50.00%	12
Participates in case conferencing meetings	54.17%	13
Participates in Technical Subcommittee (oversight of CE system)	45.83%	11
Receives coordinated entry referrals for housing and/or services	25.00%	6
Other (please specify)	12.50%	3
Total Respondents: 24		

#	OTHER (PLEASE SPECIFY)	DATE
1	We don't currently participate in this	6/10/2019 9:32 AM
2	The District Attorney is not an access point. Our office participateds in homeless multi-disciplinary team meetings in addition to HPAC.	6/10/2019 9:11 AM
3	Provides referrals for VI-SPDAT assessments.	5/30/2019 8:39 AM

Q14 Do you agree or disagree with the following statement: My organization has received adequate training for our role in Yolo County's coordinated entry system.

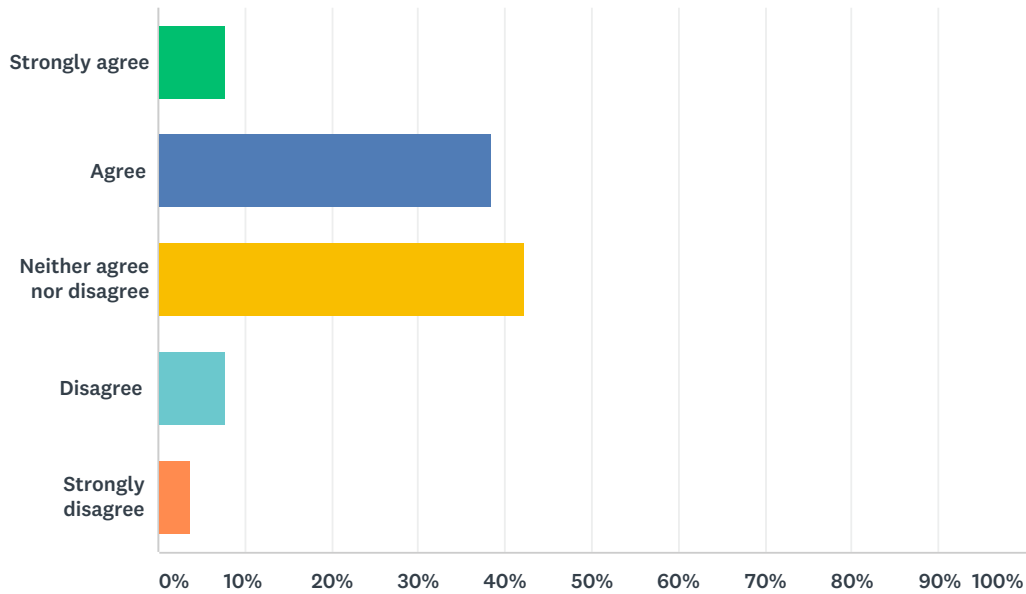
Answered: 26 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	3.85%	1
Agree	42.31%	11
Neither agree nor disagree	46.15%	12
Disagree	7.69%	2
Strongly disagree	0.00%	0
TOTAL		26

Q15 Do you agree or disagree with the following statement: Coordinated entry has improved the Yolo County CoC's ability to quickly connect people experiencing homelessness to housing and resources.

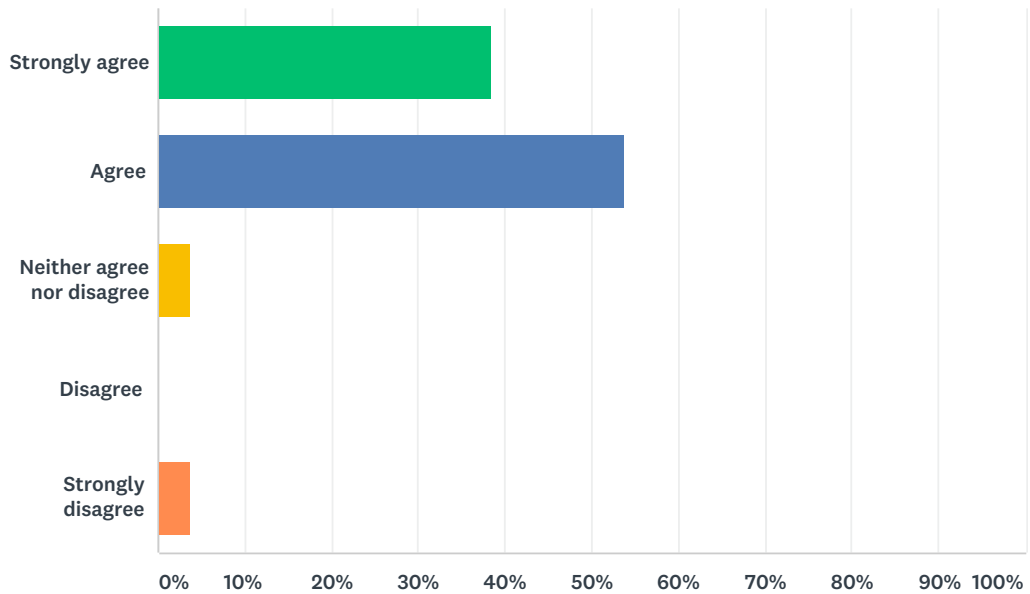
Answered: 26 Skipped: 0



ANSWER CHOICES	RESPONSES
Strongly agree	7.69% 2
Agree	38.46% 10
Neither agree nor disagree	42.31% 11
Disagree	7.69% 2
Strongly disagree	3.85% 1
TOTAL	26

Q16 Do you agree or disagree with the following statement: The goal of coordinated entry in Yolo County is to prioritize the most vulnerable households experiencing homelessness so that they can be swiftly connected to the next available permanent housing opportunity.

Answered: 26 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	38.46%	10
Agree	53.85%	14
Neither agree nor disagree	3.85%	1
Disagree	0.00%	0
Strongly disagree	3.85%	1
TOTAL		26

Q17 What do you consider to be the strengths of Yolo County's coordinated entry system?

Answered: 21 Skipped: 5

#	RESPONSES	DATE
1	Provides better access to housing opportunities across the CoC.	6/20/2019 12:26 PM
2	The access point.	6/19/2019 3:27 PM
3	We are small enough to be nimble and responsive	6/18/2019 2:42 PM
4	The Case Conferencing	6/11/2019 10:05 AM
5	Not sure	6/11/2019 7:20 AM
6	collaborative spirit and desire to communicate	6/10/2019 4:54 PM
7	Great partners all willing to work together.	6/10/2019 10:53 AM
8	Not sure.	6/10/2019 10:25 AM
9	I don't think I know enough to answer this question	6/10/2019 9:32 AM
10	The Homeless Poverty and Action Coalition is well organized and effective.	6/10/2019 9:19 AM
11	Improved agency organization through Emily.	6/10/2019 9:18 AM
12	Participation	6/10/2019 9:16 AM
13	It has forced homeless service providers to collaborate.	6/10/2019 9:11 AM
14	Partner dedication and commitment. Equal voice at the table of the CofC. Opportunity to be engaged in decision making processes.	6/5/2019 12:18 PM
15	We don't use the system	5/31/2019 12:34 PM
16	The case conferencing process stands out for its comprehensive look at housing and services for the most vulnerable members of the community queue.	5/30/2019 11:30 AM
17	None and not just in Yolo county. It is a wasteful time sucking effort when we have functionally zero housing out there for our population. A system that would function but that does not due to being mostly totally devoid of the one key factor in successful usage....HOUSING.	5/30/2019 10:49 AM
18	Case conferencing	5/30/2019 10:01 AM
19	Connection and Collaboration with Community Partners	5/30/2019 9:03 AM
20	Good participation amongst stakeholders.	5/30/2019 8:50 AM
21	Increased collaboration between social service providers.	5/30/2019 8:39 AM

Q18 What do you consider to be some of the challenges for Yolo County's coordinated entry system?

Answered: 21 Skipped: 5

#	RESPONSES	DATE
1	Case conferences are cumbersome and there is pressure from some to place difficult individuals that are not the best fit or don't meet program guidelines. Projects are not funded or staffed to fully meet the needs of HUDs priority population.	6/20/2019 12:26 PM
2	Data	6/19/2019 3:27 PM
3	Providers with long history in community still seem resistant to the system.	6/18/2019 2:42 PM
4	Having only a few access points and case managers to input and maintain data, having follow up with clients who score high on the VISPDAT so we can connect them, having very few beds to place into so the point of doing a VISPDAT is not very high on the list of priorities.	6/11/2019 10:05 AM
5	Still very slow in placing people into units that are available.	6/11/2019 7:20 AM
6	infrastructure, immediate access to shared information.	6/10/2019 4:54 PM
7	The "urgent need" is defined by something that was often entered months ago, so the people with the most pressing need could be overlooked.	6/10/2019 11:43 AM
8	Super limited inventory of beds, locations and low income housing.	6/10/2019 10:53 AM
9	Finding housing as appropriate for vulnerable. Using not just a self report screen for coordinated entry but a more objective evaluation..	6/10/2019 10:25 AM
10	I am not entirely sure	6/10/2019 9:32 AM
11	The lack of affordable housing available for clients exiting the system.	6/10/2019 9:19 AM
12	We need more funding for coordination of access to services.	6/10/2019 9:18 AM
13	funded program performance	6/10/2019 9:16 AM
14	Ample temporary shelter to support transition out of homelessness. Permanent housing solutions. NIMBYism	6/5/2019 12:18 PM
15	not sure, we don't use the system	5/31/2019 12:34 PM
16	We are not using it to prioritize services other than permanent supportive housing. Vulnerability should take primary importance in selecting for emergency shelter resources as well.	5/30/2019 11:30 AM
17	Without adequate and affordable housing for our target population, it is a waste of time and and valuable resources.	5/30/2019 10:49 AM
18	Speed in placing people in units; very few participating agencies (only a few are required)	5/30/2019 10:01 AM
19	Lack of affordable and available housing for clients in system	5/30/2019 9:03 AM
20	No housing inventory.	5/30/2019 8:50 AM
21	There is a limited amount of beds that can be filled.	5/30/2019 8:39 AM

Attachment B: Stakeholder Interview Schedule

Schedule of Individual Stakeholder Interviews			
Name	Organization	Date	Type
Lynnette Irlmeier	Empower Yolo	6/11/2019	Phone
Bill Pride	Davis Community Meals and Housing	6/11/2019	Phone
Doug Zeck	Fourth & Hope	6/14/2019	Phone
Michele Kellog	Yolo Community Care Continuum	6/24/2019	Phone
Tracey Dickinson	Yolo County HHSA	6/27/2019	In-person
Alysa Meyer	Legal Services of Northern California	7/16/2019	Phone
Karen Larsen	Yolo County HHSA	7/19/2019	Phone
Lisa Baker	Yolo County Housing	7/23/2019	Phone
Paul Navazio	City of Woodland	7/24/2019	Phone
Patrick Blacklock	Yolo County Administrator's Office	8/1/2019	Phone
Phillip Reed	Veterans Administration	8/5/2019	Phone
Sandra Sigrist	Yolo County HHSA	8/6/2019	Phone
Aaron Laurel	City of West Sacramento	8/14/2019	Phone
Tara Ozes	HomeBase	8/14/2019	Phone

*City of Winters, City of Davis, and HPAC Chair were contacted for stakeholder interviews without response.

A ray of hope from abroad

STEVE LOPEZ

reporting from trieste, Italy

Kerry Morrison had seen enough. She was not a clinician or policymaker, and she didn't know what the answers were. But she knew she was looking at failure, and she knew she could no longer ignore it.

All around her, in the heart of Hollywood, people were living in subhuman conditions, sprawled beside storefronts and at bus stops. Their clothing was shredded, their bodies were black with grime, and their unattended madness was a daily indictment of public compassion and will.

"I couldn't reconcile the sight of cranes, signifying progress, while stepping over mentally ill people on the street," said Morrison, who was director of the Hollywood Property Owners Alliance for many years, and a decade ago began taking a closer look at the growing homeless population.

I remember wondering briefly, when I met Morrison back then, if she was more interested in cleansing the streets on behalf of the business interests she represented than in helping those who were suffering. But she and I were soon sharing notes on our daily interactions with those who were struggling, and on social workers who against all odds were making a difference.

"I felt called to this," Morrison says now.

She reached out to professionals, joined boards, helped launch a campaign to identify and help the 14 most dreadfully ill people living on the streets of Hollywood. Morrison researched mental health policy and the history of what went wrong in the United States, and in particular in Los Angeles, where against a backdrop of economic progress and wealth, sick people were living in squalor.

Morrison won a fellowship to further her studies, checked out mental health programs in other U.S. cities, and traveled to a town in Belgium where families "foster" adults with mental illness. Last year, she gave notice to the property owners group that she'd be leaving her job in February to devote her full attention, unpaid, to her cause.

But it was a trip to Trieste, on the uppermost rim of the Adriatic in Northern Italy, that turned her despair into hope. It was there, in the summer of 2017, that Morrison found a mental health model in which every patient was looked after and no one was left to pitch a tent and fend for themselves. And it was there that she began mapping a plan to bring the Trieste model home to Hollywood.

Morrison tells a story about that first visit to Trieste, when she asked a young psychiatrist named Tommaso Bonavigo how he handled one difficult case involving a seriously troubled patient.

"He said he started going out to his house to find him and I said, 'Excuse me, Tommaso. You went to his house?'" said Morrison. "I said, 'You know what, Tommaso? I almost wish I hadn't heard this because the chasm between what you're doing in Trieste and [what we're doing in Los Angeles seems completely insurmountable.](#)'"

It is, in many ways — especially given the scale of the problem here. But when Morrison got back home, she refused to let the thousand and one challenges cloud the promise of Trieste. There, Morrison had found, the program was patient-based, not bureaucracy-driven. The philosophy was to focus on the person rather than just the illness, to treat people as full-fledged members of the community, address individuals' specific needs and closely monitor the progress.

One of the first people she went to in Los Angeles was Dr. John Sherin, the new director of the L.A. County Mental Health Department.

"I told him, 'John, you gotta see this,'" Morrison recalls.

Sherin knew about Trieste but had never been there. He listened to what Morrison had to say, then talked it over with L.A. County Superior Court Judge Jim Bianco. Bianco works in the mental health division and has long

been frustrated by the number of sick people who end up homeless, in jail or in psychiatric lockdown because so few alternatives are available.

“Bianco and I ... both agreed — we’re going,” said Sherin. “And we went.”

So did 10 other curious locals, led by Morrison, and they liked what they saw. Upon their return, they began pitching others on the wonders they’d seen, and the momentum grew. It was decided that a section of Hollywood, with about 100,000 people, high levels of addiction and mental illness but not as many services as skid row, would be a good place to test Trieste.

But how to pay for a pilot project in L.A.?

Thanks to voter-approved Proposition 63 in 2004, which taxed millionaires, about \$2 billion is generated annually for mental health services in the state. Sherin appealed to the Mental Health Services Act oversight committee to take a shot on a new strategy that focuses on outcomes rather than process, and \$116 million was freed up from an “innovations” fund.

The deal now awaits a stamp from the county Board of Supervisors.

Two weeks ago, a delegation of three dozen local and state officials and members of nonprofit service agencies went to Italy with Morrison for a closer look. L.A. Mayor Eric Garcetti’s homeless services leader, Christina Miller, went along, as did California Assemblyman Richard Bloom. L.A. Dist. Atty. Jackie Lacey was there, too, along with representatives from the LAPD, the L.A. County Sheriff’s Department, and the office of county Supervisor Sheila Kuehl.

And I tagged along to see firsthand what all the excitement is about.

I’ve written a lot in the last 15 years about what works and what doesn’t, about how our streets were turned into asylums, about a friend I’ve been trying to shepherd through the failing system, and about how we’re now averaging nearly three homeless deaths a day in L.A. County.

In Trieste, I was curious about two things:

How do they do it? And can we replicate it?

The first question, I can now say, is easier to answer than the second.

No magic was involved in Trieste. When mental institutions were closed 40 years ago in Italy — about the same time as in the U.S. — Trieste innovated while the U.S. abdicated, falling miserably short on the promise of community clinics.

Under the leadership of a psychiatrist named Franco Basaglia, Trieste built a coordinated network of treatment centers, embraced patients as full-fledged members of the community, invited family members to participate in their loved one’s recovery, built relationships with employers who hired the patients, and didn’t let bureaucracy or billing entanglements sabotage good outcomes.

When someone has a psychotic episode in Trieste and there’s a call for help, it’s usually a mental health team that responds, not police, and the team often has already built a relationship with the client. At one mental health center we visited, a nurse described a recent event in which she responded to a distress call and spent seven hours with a patient who eventually agreed to come in for help.

The doors of community mental health facilities are not locked in Trieste, and we were told that if patients choose to leave, staff members follow them to make sure they remain connected to help.

Psychiatrists at one mental health center said they had only five cases of involuntary commitments last year. It happens rarely because when people have easy access to regular help and begin to know and trust care providers, they’re easier to treat and not as inclined to have their conditions deteriorate, or to resist therapy or medication that might help.

As ideal as this all seemed, there were times when Trieste sounded a little too good to be true, and it was hard to know in just five days what the long-term outcomes look like. The program has been criticized over the years by those who favor more institutionalization, and Italian budget constraints could threaten its survival.

But what we saw was so vastly superior to the bedlam we call a system, I felt a sense of shame when Los Angeles briefly took center stage in Trieste.

Care providers from around the world were in the northeastern Italian city of about 200,000, with daily presentations and panel discussions from attendees, many of whom spoke of innovative programs to help those in need. And then Morrison stepped up onstage with Anthony Ruffin, of L.A.'s mental health department, to talk about Hollywood's sickest homeless people and the mostly failed efforts to rescue them.

Photos of the Hollywood 14 were displayed on the big screen. A majority of them were African American. They were sprawled on streets and huddled under blankets, like storm refugees or casualties of war. Three of them died, Morrison told the crowd.

She also talked about how we usually have about 5,000 mentally ill people locked up in our jails at any given time.

The conference center fell silent.

In the richest country on the planet, this was the state of Hollywood, the world's mythical capital of imagination?

It was like seeing our own abominable failure with fresh eyes, and it wasn't entirely clear that even with a map in hand, we could find our way to a better place.

We have 40 times the population of Trieste and 50 times the challenges.

There was no evidence of NIMBYism anywhere; we've got it everywhere.

In five days, I didn't see a single homeless person in Trieste. Trieste has no drug epidemic, even as ours rages, and it's harder to help people with both a serious mental illness and a debilitating addiction.

Especially when they live in tents.

The Hollywood pilot will serve those who are housed as well as those who are unsheltered, but there will be legions of the latter. At one-point Miller asked the lead psychiatrist in Trieste — Dr. Roberto Mezzina — his thoughts on treating people with a mental illness who are homeless and may be for quite a while.

"It's impossible," said Mezzina said.

On one of our days in Trieste, we visited a recovery home where four residents live. Michele, the house supervisor, talked about how he himself once went through storms of depression and had no desire to go on living.

"It's like going under the sea," he said.

In the Trieste program, he was prescribed medication that helped, he got a job, and for the first time in his struggles with mental illness, he saw doctors he believed were truly invested in him getting better.

Michele supervises four residents who are now where he once was. One, who works as chef, was in the kitchen making a birthday cake for another resident, who works as an elder-care assistant. I asked Michele what happens if relatives call and ask how the residents are doing.

He reacted as if that were an odd question. They are happy to talk to relatives about clients, he said, "if it's for the benefit of the person."

The reason I asked is that in the U.S., laws protecting patient privacy often keep family members in the dark, and we can add this to the list of needed American reforms and challenges for Hollywood.

Also, Trieste has no shortage of mental health facilities for its clients, no matter the severity of their illness. We have epic shortages of everything. We also have a disjointed, beastly bureaucracy and criminally tortuous billing systems designed to beat the breath out of hope.

So this won't be easy to bring home or to scale up to our vast need, and no one in the L.A. delegation was under the illusion that it will be. There were gasps when we learned that Trieste has enough staff to make two or three daily home visits to check on clients in the throes of crisis. That's a huge investment, and going forward in L.A., covering the cost will be yet another monumental challenge.

But our comparative debacle of a system makes it all the more critical that we blow it up, and it's unforgivable that it's taken this long to try something new.

I've seen programs in Los Angeles that echo the Trieste model on a small scale, some of them quite effective. But even those get battered by bureaucratic interference and debilitating resource shortages.

The Hollywood pilot has to be built to eviscerate those problems and free a well-trained army of people to serve a far larger population, and whatever clicks in Hollywood has to be rolled out to the rest of the county as quickly as possible.

Mental illness hits about a quarter or more of our homeless population, but this is not about ending homelessness. It's about ending our inhumanity, and finally helping those we've left to languish and even die at our feet.

What comes next is a year of planning out the specifics, siting urgent-care and community health centers, recruiting Hollywood businesses to hire participants, convincing residents this will be a community asset and not a burden, hiring clinicians and outreach teams that include those who were once in need of help, and lining up enough housing to give the pilot a chance.

"I'm out on a limb on this one," Sherin admitted when I met with him in Hollywood one morning after I got back from Trieste and we discussed the promise and the challenge.

Sherin said Los Angeles has focused for too long on easier cases while giving up on those with more severe and hard-to-treat symptoms. In the pilot, he envisions several teams of 10 to 12 staffers assigned to groups of 100 to 125 clients, and he doesn't want those clients endlessly shuffled from streets to jails to hospitals without a constant, coherent effort to help them break that cycle.

"I don't give a rap what time of night it is, you take care of them," Sherin said.

The doctor said he hits the streets with his outreach teams once a week or so to stay in touch with the need.

Anthony Ruffin, who is helping build the pilot and whose dogged outreach efforts I wrote about [two years ago](#), wanted Sherin to check on a man with mental illness and meth addiction who has been living on the same patch of sidewalk near a coffee shop for 10 years.

When we got there the man was ranting, taunting passersby, screaming profanities and insults.

Sherin sat next to him on the sidewalk, took the full brunt of the eruptions, and waited him out. They talked quietly for a few minutes. The man said he was out of his medication, and Sherin promised to come back and bring him some.

We have way too many such cases and we can no longer have people camped outside for 10 years, and sometimes longer, as we shrug or throw our hands up in surrender, or tell rattled merchants or residents we're sorry but we don't have any answers.

The man was still ranting when we left, but Sherin said the pilot won't shy away from tough cases like this one. It will take them on because it's the humane and moral thing to do. Whatever happens, I found it encouraging that the county's mental health director doesn't consider himself above sitting on a gritty Hollywood sidewalk to connect with someone in desperate need.

When I checked back in with Morrison after my return to Los Angeles, she had moved on to Rome, where she was looking at more mental health innovations and trying to learn from them. She said that Trieste for her was still the gold standard, and she was ready to begin the hard work of bringing Los Angeles into line.

As the headline said on a Morrison blog post two years ago:

“Once You’ve Seen Trieste, You Can’t Pretend It Doesn’t Exist.”

steve.lopez@latimes.com

**Yolo County
Board of Supervisors**

Resolution No. 19-139

**Proclaiming October 6 through October 12, 2019 as Mental Illness
Awareness Week in Yolo County**

WHEREAS, mental health is part of overall health; and

WHEREAS, one in five adults experiences a mental health problem in any given year; and

WHEREAS, approximately one-half of chronic mental illness begins by the age of 14 and three-quarters by age 24; and

WHEREAS, suicide is the 10th leading cause of death in the United States and the 2nd leading cause among young adults, and 90% of people who die by suicide have an underlying mental illness; and

WHEREAS, long delays—sometimes decades—often occur between the time symptoms first appear and when individuals get help; and

WHEREAS, early identification and treatment can make a difference in successful management of mental illness and recovery; and

WHEREAS, public education and civic activities can encourage mental health and help improve the lives of individuals and families affected by mental illness.

NOW, THEREFORE, BE IT RESOLVED that the Yolo County Board of Supervisors does hereby proclaim October 6 through October 12, 2019 as Mental Illness Awareness Week in Yolo County to shine a light on recovery from mental illness and provide support, educate the public and advocate for equal care.

PASSED AND ADOPTED this 8th day of October, 2019 by the following vote:

AYES: Sandy, Provenza, Chamberlain, Villegas, Saylor.

Don Saylor, Chair
Yolo County Board of Supervisors

YOLO OPIOID COALITION

Join us for the first meeting of our new
coalition.

Health and Human Services Agency
137 N Cottonwood, Woodland CA 95695
Wednesday, November 13th
1:30-4:00 PM

Learn more at:

www.yolopioidcoalition.org

Register Here:

<https://signupforms.com/registrations/20699>

For Questions Email Sara Gavin or Ian Evans:

Sara@communicarehc.org or Ian.Evans@yolocounty.org

In partnership with:



YOLO COUNTY CHILDREN'S MENTAL HEALTH SERVICES

Yolo County Board of Supervisors
October 8, 2019



KEY OBJECTIVES

- PROVIDE GENERAL OVERVIEW OF CHILDREN'S MENTAL HEALTH SERVICES
 - INTRODUCE RESULTS BASED ACCOUNTABILITY (RBA) MEASURES FOR CHILDREN'S MENTAL HEALTH CONTRACT PROVIDERS
 - PROVIDE DATA ON PERFORMANCE FROM QUARTER 4 (Q4)
 - APRIL 1, 2019- JUNE 30, 2019
 - PROVIDE HIGHLIGHTS OF ACCOMPLISHMENTS
 - IDENTIFY NEXT STEPS
-

CHILD, YOUTH AND FAMILY CONTRACT PROVIDERS

COMMUNICARE HEALTH CENTERS

Primary Services
(Early Periodic
Screening, Diagnosis
and Treatment)

Wraparound
(Social Services/
Probation)

STANFORD YOUTH SOLUTIONS

Primary Services
(Early Periodic
Screening, Diagnosis
and Treatment)

TURNING POINT COMMUNITY PROGRAMS

Primary Services
(Early Periodic
Screening, Diagnosis
and Treatment)

Full Service Partnership
(FSP)

Therapeutic Behavioral
Services
(TBS)

VICTOR COMMUNITY SUPPORT SERVICES

Prevention and Early
Intervention Services
(MHSA PEI)

Primary Services
(Early Periodic Screening,
Diagnosis and Treatment)

Wraparound
(Social Services/
Probation)

CHILDREN'S PRIMARY MENTAL HEALTH

RESULTS BASED ACCOUNTABILITY MEASURES Q4

PM1: HOW MUCH DID WE DO?

	COMMUNICARE HEALTH CENTERS	STANFORD YOUTH SOLUTIONS	TURNING POINT COMMUNITY PROGRAMS	VICTOR COMMUNITY SUPPORT SERVICES
1.1 # of open clients	158	15	78	76
1.2 # of intakes	54	15	7	36
1.3 # of discharges	23	4	18	22
1.4 # of referrals received	21	21	16	27

CHILDREN'S PRIMARY MENTAL HEALTH

RESULTS BASED ACCOUNTABILITY MEASURES Q4

PM2: HOW WELL DID WE DO IT?	COMMUNICARE HEALTH CENTERS	STANFORD YOUTH SOLUTIONS	TURNING POINT COMMUNITY PROGRAMS	VICTOR COMMUNITY SUPPORT SERVICES
2.1 % of clients who received an intake assessment within 14 days of referral	100%	80%	85.7%	67%
2.2 % of clients assessed using the Child and Adolescent Needs and Strengths (CANS)	100%	100%	89.3%	96%
2.3 # of days to successful discharge (quarterly average)	316	84	484.3	N/A
2.4 % of clients who successfully met treatment plan goals	100%	100%	50%	N/A
2.5 % of clients who received 1st clinical appointment within 7 business days post psychiatric hospitalization	86%	50%	100%	N/A
2.6 % of clients who received 1st psychiatric follow up within 30 business days post psychiatric hospitalization	75%	0%	83.3%	N/A

CHILDREN'S PRIMARY MENTAL HEALTH

RESULTS BASED ACCOUNTABILITY MEASURES Q4

PM3: IS ANYONE BETTER OFF?

	COMMUNICARE HEALTH CENTERS	STANFORD YOUTH SOLUTIONS	TURNING POINT COMMUNITY PROGRAMS	VICTOR COMMUNITY SUPPORT SERVICES
3.1 % of clients with decrease in # of items needing action on Child Behavioral/Emotional Need section of CANS from intake to discharge	93%	N/A	100%	N/A
3.2 % of clients with decrease in # of items needing action on Life Domain Functioning section of CANS from intake to discharge	93%	N/A	100%	N/A
3.3 % of clients with decrease in # of items needing action on Caregiver Resources and Needs section of CANS from intake to discharge	86%	N/A	88%	N/A
3.4 % of clients who remained in their home (without juvenile detention or psychiatric admits) or maintained foster home placement	96%	100%	85.2%	100%

HIGHLIGHTS AND ACCOMPLISHMENTS

- **EXPANDED OUTPATIENT TREATMENT CAPACITY AND ACCESS TO COMMUNITY BASED SERVICES BY 48%**
 - **ELIMINATED A WAIT LIST FOR CHILDREN'S SERVICES AND CURRENTLY ALL PROVIDERS HAVE CAPACITY TO ACCEPT REFERRALS**
- **EXPANDED CRISIS SERVICES AND COMMUNITY OUTREACH TO SCHOOLS AND CAREGIVERS VIA SB82 GRANT**
- **IMPLEMENTED INNOVATIVE EARLY CHILDHOOD MENTAL HEALTH GROUP AND EVIDENCE BASED GROUP THERAPIES**
- **ADDED PERFORMANCE MEASURES TO ALL CONTRACTS VIA RBAS**

NEXT STEPS

- **TRANSITION OF TAY MENTAL HEALTH TEAM AND SERVICES TO CHILD, YOUTH AND FAMILY BRANCH**
- **IMPROVE TIMELINESS OF FIRST OFFERED APPOINTMENT WITHIN 10 DAYS OF SERVICE REQUEST**
- **EXPANSION OF COUNTY AND SCHOOL PARTNERSHIPS TO EXPAND ACCESS TO SPECIALTY MENTAL HEALTH SERVICES ON SCHOOL CAMPUSES THROUGHOUT THE COUNTY**
- **ONGOING RBA DEVELOPMENT AND REFINEMENT**