Yolo County MHSA Draft Plan Public Comments

30-Day Public Comment Period: June 19, 2020 – July 20, 2020.

2020–2023

Three-Year Program & Expenditure Plan

Executive Summary

The Yolo County MHSA Three-Year Program and Expenditure Plan 2020-2023 30-day public comment period opened on June 19, 2020 and closed Monday July 20, 2020. The county announced and disseminated the draft plan broadly through community stakeholders, general public, the Community Engagement Work Group, MHSA listservs, service providers, consumers and family members, Board of Supervisors, Local Mental Health Board, county staff, and requested and encouraged partners and community stakeholders to promote the review of the draft plan and participation by posting and sharing with others. Public Notices were also posted in the Davis Enterprise and the Daily Democrat newspapers for several dates. The draft plan was posted to the county's MHSA website, the county Facebook page and could be downloaded electronically, and paper copies were also made available at HHSA department headquarters in Woodland and other sites throughout Yolo County. Any interested party could request a copy of the draft by submitting a written or verbal request to the MHSA program staff.

Attached you will find:

1. A letter from the Yolo County Health and Human Services Agency Director, Karen Larsen, to the Board of Supervisors.
2. Common Public Comment themes and Agency responses.
3. County Summary of the Residents Served by MHSA and Demographic Information
4. All Public Comments and Yolo County Health and Human Services Agency Responses
5. MHSA Budget Overview
6. Results Based Accountability Explanation (Performance Measures)

COUNTY OF YOLO

Health and Human Services Agency

Karen Larsen, LMFT
Director

MAILING ADDRESS
137 N. Cottonwood Street • Woodland, CA 95695
(530) 666-8940 • www.yolocounty.org

Chair Sandy and Members of the Board,

This letter comes in response to the letters sent to each of you requesting a delay in the MHSA 3 year plan. The Agency would like to take this opportunity to express our appreciation for these groups. We view them as critical partners in our continuum of care for those struggling with mental illness. We also want to ensure that the Board understands that the MHSA process has not been rushed. In fact, we began community outreach for the MHSA 3-year plan in May of 2019. From August 2019 through March of 2020 we conducted extensive outreach and community engagement. More than 31 focus groups and many individual stakeholder interviews were held, which included more than 500 individuals.

This year the county had a new consultant coordinating and facilitating the community stakeholder process and they dramatically increased the number and breadth of individuals and communities reached. We specifically outreached to underserved and underrepresented communities as an acknowledgement of the work needed in these areas. These groups included North Valley Indian Health, Latinx Perspectives Group, Yolo Rainbow Families as well as members from a variety of faith based organizations, to name a few.

In reference to AB81, the Agency posted our 3-year plan for public comment prior to the passage of this bill. The intent of this bill is to allow counties who did not have the capacity to post their plans in light of COVID, to postpone a new plan for a year, not to extend the process for an already completed plan. Yolo had already completed our plan and therefore is not in that position. We did delay our plan posting from our original goal of March 2020 to June 2020, in light of the COVID pandemic, but strongly oppose delaying the implementation of the plan beyond the August 4th Board meeting.

The 30-day comment period is in statute and closed July 21st The Agency has reviewed all public comments and is providing responses to the Local Mental Health Board (LMHB) on July 23rd in writing as well as via a Public Hearing on July 27th. The LMHB will either support or recommend edits to the Agency's proposed responses and the plan will then come to the Board on August 4th.

It should be noted that further delay of this plan means that the County cannot implement any new initiatives included in the plan. The initiatives outlined in the MHSA plan are critical to serving the community at large and more specifically, the most vulnerable residents of our community including children ages 0-5, school aged children and youth, racial and ethnic minorities, and those struggling with mental illness. Several of these new initiatives have been identified as Board and community priorities and include:

- Police Co-Responder Model
- Cultural Competence/Racial Equity Work
- School Based Mental Health Services

- Expansion of Full Service Partnership Slots
- Partnership with Woodland Community College
- Pine Tree Gardens Operations

Additionally, further delay to accommodate the requests of a few undermines the robust community stakeholder process and is not aligned with MHSA statute and regulations. The Agency appreciates the Board allowing us to move this item from July 21st to August 4th to allow for additional time to respond to comments received during the 30-day comment period.

Thank you for your time and consideration,

Karen Larsen LMFT, Director

Yolo County Health & Human Services Agency

Common Themes of Public Comments and Health and Human Services Agency Responses

Common Themes	Health and Human Services Agency Response
MHSA 3 -year plan process: Request to delay implementation	The MHSA three-year planning process was started in May 2019 with a series of three monthly educational sessions through July 2019, followed by an extensive plan development process beginning in August 2019 and ending in January 2020. During this process over 500+ community residents and stakeholders representing a wide range of geographic and demographic communities participated in providing feedback to the plan. Their interests, priorities, and voice are represented in this plan. As a result, HHSA does not believe further delay in finalizing and implementing the plan is warranted at this time. Furthermore, we believe additional delays beyond what has already happened as a result of COVID, risks undermining the broad community feedback that was received last fall and could jeopardize the timely implementation of new investments around expansion of Full Service Partnership (FSP), the co-responder model with local law enforcement, work around racial equity, and K-12 school-based services at a time when they are in high demand due to the COVID pandemic.
Program Evaulation: Lack of measurable outcomes and objectives	Regarding program evaluation and data, HHSA acknowledges it can do better with evaluating MHSA program outcomes. This is not unique to Yolo county and is a statewide issue, as counties have prioritized service delivery over additional administrative support costs. Nonetheless, HHSA understands the importance of investing in program evaluation and quality improvement, and therefore has already begun implementing Results Based Accountability (RBA) measures for all MHSA contracts and funded programs and will continue to do so with the new plan. The plan does include demographic data on page 94-99, with specific outcomes included for some programming. Pages 7-11 of this response summarize this information. Furthermore, HHSA has set aside funding in the new plan to bring in outside support to help with program evaluation and outcome assessments. HHSA is making edits to the plan to highlight these evaluation activities.
Housing: Permanent Supportive Housing	In regards to allocating additional MHSA funding for housing, the Community Engagement Workgroup (CEWG) was made aware that while it was a highlighted priority for the community, that other funding streams existed to support this priority beyond MHSA. Given the existence of other funding streams available to support housing for those with mental illness, the county has prioritized local MHSA funds to support service delivery. These services include significant investments in staffing to support permanent supportive housing. Furthermore, in 2016, the state passed legislation that carved out a piece of local county MHSA funding (7%) specifically to fund No Place Like Home (NPLH) grants to support permanent supportive housing to mentally ill residents. Over the course of the next three years several developments are planned, adding over 400 units for low/extremely low income individuals in Yolo County. More than half of these units are permanent supportive housing units which have services on site and available to residents. Some units are designated for persons experiencing homelessness but many are not. Some are also more short term in nature. We are prioritizing bringing people back to Yolo who have been placed elsewhere, whether that be an IMD or a Board and Care in another county. MHSA funding is intended to fund a broad array of services, with an emphasis on direct services for FSP clients and prevention for young children. The state and federal government provides other funding streams to support housing for the homeless in addition to local investments by the county and cities. Two recent examples from the state are Project Roomkey and Project House Key. Below is a list of upcoming developments and units. **Name of development, City and Number of Units:** No Place Like Home West Sacramento 85 No Place Like Home Woodland 61 Creekside Davis 90 Paul's Place Davis 18 Mutual Housing Davis 38 CHFFA West Sac 6 CHFFA Woodland 6 AFI Woodland 6-12 Project Homekey West Sacramento 56 Project Homekey Davis 51

Pine Tree Gardens: Funding	The County has invested approximately $200,000 of MHSA dollars over the last two years to repairs of the Pine Tree Gardens Homes. Additionally, the County just ensured the purchase of East House and a long term deed restriction utilizing $1 million of MHSA dollars. Furthermore, the County will be contracting with NVBH to cover the costs of operations for the coming three years which we expect to cost approximately $800,000 MHSA dollars per year for both homes. Additionally, Pine Tree Gardens funding is included across the following: Adult Wellness Services, Pathways to Independence, and Older Adult Outreach and Assessment Programs.
Pacifico: Funding	The County is not pulling funding from Pacifico. The County attempted to invest MHSA dollars in Pacifico but was unsuccessful.
Case Management: Non- FSP clients	The County does provide some case management services for non-FSP clients. Additionally, we work with Beacon to provide ongoing therapy for clients who could benefit and are interested. Additionally, much of what will be provided at the navigation centers includes case management and linkage services.
Cultural Competence	HHSA is committed to cultural competence, cultural humility, and proficiency and strives to embed it in all our work, including MHSA. MHSA will increase attention, outreach, and training to incorporate the recognition and value of racial, ethnic, cultural, and linguistic diversity in the county mental health system while also seeking to address broader health disparities and the roots of their existence. We will seek community partners support as HHSA acknowledges we can do better and cannot engage on this one sided. Thank you for informing us of a typo as we work to finalize the draft. HHSA strives to serve the County at all localities and acknowledge the significance of engaging the rural areas as well. This plan includes approximately $3 million in funds over the next 3 years to demonstrate our commitment. All services will be contracted out following an RFP process.
Administration	Administration funding provides for staff time across HHSA to support MHSA components by respective responsibilities (eg. Fiscal administration, Management, and Oversight). All Administration Branch staff are all funded the same, the costs of the Admin branch are allocated across all branches of HHSA. Therefore, the admin branch costs are paid for by the funding sources that pay for the other branches. This includes Federal, State, grants, realignment, MHSA, County General Fund, Intergovernmental Transfers, and fee/permit revenue.
Community Feedback and Program Investments	During this process over 500+ community residents and stakeholders representing a wide range of geographic and demographic communities participated in providing feedback to the plan. Their interests, priorities, and voice are represented in this plan. HHSA is currently updating the plan to provide additional information to better illustrate the connection between the community feedback and program investments.
Fiscal-Prudent Reserve	The County already has policies on cash and reserves, see https://insideyolo2.yolocounty.org/departments/county-administrator/administrative-policies-procedures. The Department of Financial Services (DFS) controls amendments to these policies. During FY19/20 HHSA proposed amending the policy on fund balances and reserves to DFS to include an MHSA reserve in accordance with WIC 5847 and 5892 and DHCS Information Notice 19-037, but then the pandemic hit. During FY20/21 HHSA will make attempts to reestablish these policy revisions as a priority for DFS.

County SUMMARY of the Residents Served by MHSA and Demographic Information	
Questions:	**County Data or Information** (If the data/info is not from the 18-19 Update or RER, indicate the data source.)
1. Did you implement MHSA program(s) in FY 2018-19 (or FY 2017-18 if this is your most recent data) that broadly target county/city residents such as **public education campaigns**? (e.g. suicide prevention and stigma reduction education) Please list all the programs and estimate the number of residents impacted by these programs.	Early Signs Training and Assistance Mental Health First Aid/Youth Mental Health First Aid May is Mental Health Month Campaign. Suicide Prevention Line # of Residents: **Estimated 7,274**
2. Total number of **county residents** served by MHSA in FY 2018-19 (or FY 2017-18 if this is your most recent data). Include residents receiving direct services under any MHSA component (CSS, PEI, INN, etc.), including those for whom you collect unique identifier information. Exclude outreach and marketing activities. (These activities can be included above in 1.)	**Residents Served: 23,979** Sources: HHSA Annual Fiscal Charge Report; DCR, Annual program RBA Reports, Wellness Center sign-in sheets, Avatar Annual MH Service Report, Program Management, Turning Point Annual Outcomes Report, PEI&INN Demographic Data
2a. Total number of **children** (ages 0-15) served by MHSA in FY 2018-19 (or FY 2017-18 if this is your most recent data).	**Children served**: **3,476** Source: DCR, Turning Point Annual Outcomes Report, PEI&INN Demographic Data
2b. Total number of **transition age youth** (16-25) served by MHSA in FY 2018-19 (or FY 2017-18 if this is your most recent data).	**TAY served: 3,921** Sources: DCR, Wellness Center sign-in sheets. Turning Point Annual Outcomes Report, PEI&INN Demographic Data.

3. Total number of residents served by MHSA in FY 2018-19 (or FY 2017-18 if this is your most recent data) that were experiencing **homelessness** at the time of admission or at risk of becoming homeless. Include residents served under any MHSA component. Many definitions for "at risk of homelessness" exist. If your county has a definition used in MHSA, please report this information using the county definition. The following is a definition from the No Place Like Home Program that can be used: "At risk of homelessness" includes, but is not limited to, persons who are at high risk of long-term or intermittent homelessness, including persons with mental illness exiting institutionalized settings, including, but not limited to, jail and mental health facilities, who were homeless prior to admission, transition age youth experiencing homelessness or with significant barriers to housing stability, and others, as defined in program guidelines.	**Those Experiencing Homelessness served: 204** **Those At-Risk of Homelessness served: approximately 13,000** Source: DCR, Annual Program RBA Report. Source: Turning Point Annual Outcomes Report, PEI&INN Demographic Data. NOTE: In FY18-19, Yolo County was not consistently tracking homelessness/risk-of data across all MHSA programs. Per National studies, 50-70% of Americans are one paycheck away from homelessness; clients receiving MHSA-funded services are likely to be in even less stable housing situations.
4. Total number of residents served by MHSA in FY 2018-19 (or FY 2017-18 if this is your most recent data) that are **justice-involved** or at risk of becoming justice-involved. Include residents served under any MHSA component. If you do not typically collect this information, please use any accurate count you are able to provide such as focusing on those that are justice-involved and enrolled in your Full Service Partnership programs. As with "at risk of homelessness", "at risk of justice-involvement" has many definitions and these two "at-risk" populations often overlap. Please use a county definition that is already in use. Otherwise, the following factors that contribute to an individual's risk of justice involvement can be used. The following list are only a few factors and we do not intend to imply that individuals with the following factors will become justice- involved, but according to research, these factors contribute or create risk of justice involvement. • Prior justice involvement • Poverty, limited educational and employment opportunities • Child physical abuse and parental neglect • Living with someone involved in illegal activity and Association with deviant peers	**Justice-Involved served: 500** **At-Risk of Justice-Involvement served: approximately 7,200** Sources: DCR, Avatar Annual MH Services Report, Annual Program RBA Report. Source: Turning Point Annual Outcomes Report. NOTE: In FY18-19, Yolo County was not consistently tracking justice involvement/risk-of data across all MHSA programs, other than within our Mental Health Court FSP program. Per National studies, approximately 1 in every 37 adults in American are involved in the CJ system.
County/City MHSA FISCAL Information (FY 2018-19)	
Instructions	**County Data or Information** (If the data/info is not from the 18-19 Update or RER, indicate the data source.)

1. Amount of MHSA funds allocated to your county/city from the State Controller Report for FY 2018-19	State Controller's Office FY 2018-19 Report
2. In FY 2018-19, how much **federal matching funding** was secured using MHSA as the non-federal share for Medi-Cal. Include federal matching funds secured from all MHSA components.	Amount of federal funding: $2,156,582.61 Source: FY18-19 MHSA RER
3. In FY 2018-19, what was your county's/city's **total budget** for public behavioral health system? Include all revenue from local, state and federal sources.	Total County Behavioral Health Budget: $49,343,542.00 Source: FY18-19 Behavioral Health (Mental Health, SUD & MHSA) budgets
County MHSA HOUSING Information	
Instructions	**County Data or Information** (If the data/info is not from the 18-19 Update or RER, indicate the data source.)
1. The total number of **housing units** secured through MHSA funding since the inception of MHSA, including rental units.	**Total MHSA Housing units: 42** Source: TPCP Master Leases, West Beamer Place, Helen Thompson Homes
2. The total number of **housing units** secured in FY 18-19 (or FY 2017-18 if this is your most recent data) through MHSA, including rental units.	**Added FY18-19 MHSA Housing Units: 20** Source: West Beamer Place
3. The total number of housing units expected from **No Place Like Home Program**. (A program funded through MHSA.)	**Total expected: 71**
County MHSA CSS Information	
Instructions	**County Data or Information** (If the data/info is not from the 18-19 Update or RER, indicate the data source.)
1. The number of **unduplicated clients** receiving a direct mental health service through CSS in FY 2018-19 (or FY 2017-18 if this is your most recent data), including those for whom you collected unique identifier information.	**CSS served: 3,175** Sources: HHSA Annual Fiscal Charge Report, Annual program RBA Reports, Wellness Center sign-in sheets, Avatar Annual MH Service Report, Turning Point Outcomes Annual Report.
2. The number of **unduplicated FSP clients** served in FY 2018-19 (or FY 2017-18 if this is your most recent data). Please include everyone served at any time in the FSP in the most recent 12-month timeframe where data exists.	**FSP clients served: 241** Source: DCR, Turning Point Outcomes Annual Report.
3. Attach a separate document with a brief description (2-3 paragraphs) of a **particularly innovative or effective CSS program**.	

Instruction: For FY 2018-19 (or FY 2017-18 if this is your most recent data), complete the following table with information from your FSP Program(s). We understand that some of the county systems may not capture this information in a format that is easily reportable. Please briefly indicate any caveats to data

accuracy that you believe it is important for us to know. We understand some counties may be unable to report some or all of this data.

Outcomes of the FSP Program, FY 2018-19 (or FY 2017-18)		
FSP Program	**Percentage by Clients**	**Percentage by Days**
Reduction in Homelessness		
Transitional Age Youth (TAY)	40% reduction	9% increase
Adult	56% reduction	56% reduction
Older Adult	0	56% reduction
Reduction in Justice Involvement		
TAY	83% reduction	100% reduction
Adult	30% reduction	65% reduction
Older Adult	0	0
Reductions in Psychiatric Hospitalization		
Child	75% reduction	50% reduction
TAY	18% reduction	<1% increase
Adult	50% reduction	80% reduction
Older Adult	72% reduction	68% reduction

Source: County Annual RBA data.

County MHSA PEI Information	
Instructions	**County Data or Information** (If the data/info is not from the 18-19 Update or RER, indicate the data source.)
1. The number of **unduplicated clients** at risk of a mental illness (Prevention) served under PEI in FY 2018-19 (or FY 2017-18 if this is your most recent data).	**Served under PEI: 14,201** PEI&INN Demographic Data (new clients not seen previously in FY).
2. The number of unduplicated clients with **early onset** of a mental illness (Early Intervention) served under PEI in FY 2018-19 (or FY 2017-18 if this is your most recent data).	*Yolo MHSA Demographic form did not indicate to report Prevention and Early Intervention unduplicated counts.
3. Demographic Profile of **PEI clients – Age Group** FY 2018-19 (or FY 2017-18 if this is your most recent data). The number of PEI clients in the following age groups: ▪ 0-15 children/youth ▪ 15-25 transition age youth ▪ 26-59 adults ▪ 60+ older adults	**Served under PEI by age group:** 0-15 yrs: 3,081 15-25 yrs: 1,801 26-59 yrs: 4,990 60+ yrs: 672 Source: PEI&INN Demographic Data
4. Demographic Profile **PEI clients – Race/Ethnicity Group** FY 2018-19 (or FY 2017-18 if this is your most recent data). The number of PEI clients from the following race/ethnic groups: 1. American Indian or Alaska Native 2. Asian 3. Black or African American 4. Native Hawaiian or other Pacific Islander 5. White 6. Other	**Served under PEI by Race/Ethnicity group:** American Indian or Alaska Native: 153 Asian: 760 Black or African American: 665 Native Hawaiian or other Pacific Islander: 29 White: 1,900 Hispanic or Latino: 1,730

7. More than one race 8. Number of respondents who declined to answer the question 9. Hispanic or Latino	Other: 2,072 More than one race: 259 Respondents who declined to answer: 102 Source: PEI&INN Demographic Data
5. Demographic Profile of **PEI clients – Sexual Orientation** FY 2018-19 (or FY 2017-18 if this is your most recent data). The number of PEI clients with the following sexual orientation: 1. Gay or Lesbian 2. Heterosexual or Straight 3. Bisexual 4. Questioning or unsure of sexual orientation 5. Queer 6. Another sexual orientation 7. Number of respondents who declined to answer the question Leave the information blank, if you do not have clients that identified themselves in any of the above population groups.	**Served under PEI by Sexual Orientation:** Gay or Lesbian: 88 Heterosexual or Straight: 2,231 Bisexual: 63 Questioning or unsure of sexual orientation: 37 Queer: 19 Another sexual orientation: 48 Respondents who declined to answer: 240 Source: PEI&INN Demographic Data

Save Pine Tree Gardens Committee

Preserving sustainable, supported housing for Yolo County family members and friends living with serious mental illness.

July 13, 2020

Gary Sandy
Chair, Yolo County Board of Supervisors
Sent via electronic mail

Nicki King
Chair, Local Mental Health Board
Sent via electronic mail

RE: Request for extension of public process for MHSA three-year program and expenditure plan

Dear Chair Sandy and Chair King:

The Committee is writing to you as local stakeholders invested in the effective expenditure of MHSA funds to best serve members of our community living with mental illness with a request to utilize the flexibility granted in the 2020-21 state budget to extend the public process for development of Yolo County's Mental Health Services Act Three-Year Program and Expenditure Plan ("Three-Year Plan"). The Three-Year Plan allocates $60 million for programs and housing in Yolo County over three years, including a $14 million fund balance. The funding is revenue from a tax on millionaires, passed by voters in 2004 as Proposition 63, specifically for the purpose of helping people living with mental illness.

As you may know, the Governor signed AB 81 in July 2020, a budget trailer bill that includes the following language related to Mental Health Services Act three-year program and expenditure plan:

"This bill would authorize a county that is unable to complete and submit a 3-year plan or annual update for the 2020-21 fiscal year due to the COVID-19 Public Health Emergency to extend the effective timeframe of its currently approved 3-year plan or annual update to include the 2020-21 fiscal year. The bill would require a county to submit a 3-year program and expenditure plan or annual update to the commission and the department by July 1, 2021."

According to Public Health Director Brian Vaughn during a July 10, 2020 call with the Committee, the County normally releases the draft three-year program and expenditure plan in March, but release was understandably delayed until the end of June as a result of the COVID-19 pandemic. The Committee therefore requests changes to the public process to extend the public process,

which currently involves approval by the Local Mental Health Board at the July 20, 2020 meeting and approval by the Board of Supervisors at the August 4, 2020 meeting. The existing process does not make sense given the late release of the plan. Comments from the public are due on July 19th, yet the Local Mental Health Board is scheduled to approve one day later. This process leaves no time for Yolo County staff to make changes to the plan in response to comments. The adopted state budget provides the County with much-needed flexibility to extend the public process to address exactly such a situation caused by COVID-19. The Committee instead recommends the following process:

July 13th: Special Local Mental Health Board meeting to discuss MHSA Three-Year Plan

July 19th: End of 30-day public comment period

July 20th: Special Local Mental Health Board meeting to receive verbal public comments and review written public comments

August 20th: Yolo County staff release updated MHSA Three-Year Plan reflecting changes requested by community and Local Mental Health Board

August 27th: Yolo County staff review changes with Local Mental Health Board and Local Mental Health Board considers approval of Three-Year Plan

September: Board of Supervisors considers approval of Three-Year Plan

As established by WIC § 5848, all submitted comments must be reviewed by the LMHB so they can make recommendations to the County, as applicable, for revisions. The LMHB must approve any recommended revisions by a majority vote at a public hearing. This requirement indicates the need for the draft Three-Year Plan to be on the agenda on at least two separate Local Mental Health Board meetings: one to hear public comments on the draft Three-Year Plan and one to approve any recommended revisions. Giving the Local Mental Health Board the month of August will help ensure the proposed expenditures are closely aligned with community needs, which is a heavy emphasis in the MHSA process.

We understand the County cannot implement new programs proposed in the 2020-2023 Three-Year Plan if it is not approved by the Board of Supervisors, although they are able to continue with existing programs. This is precisely the point of the request to extend the deadline. The community and the Local Mental Health Board need additional information to understand these new proposed expenditures, as well as the proposed use of the $14 million fund balance. The Committee provided a list of 19 initial questions about the proposed Three-Year Plan to Public Health Director Brian Vaughn on July 10, 2020 and expects to have more questions as the Committee develops its comment letter.

The Save Pine Tree Gardens Committee is grateful for the proposal to expend MHSA funds in the Three-Year Plan to help operate the two Pine Tree Gardens houses, but the Three-Year Plan as a

whole does not provide sufficient information for the public to evaluate the proposed expenditure plan for three major reasons:

- **Lack of connection between the focus groups and other stakeholder feedback and the proposed Three-Year Plan**. Starting on page 32, the draft Plan describes the community outreach and education process, in which Save Pine Tree Gardens Committee members participated, including the community engagement workgroup and focus groups. Starting on page 37, the plan describes the needs identified as a result of the focus groups. Starting on page 4, there are proposed solutions from the community, including an exercise described on page 46 that gave the community the ability to prioritize funding. Yet for the goals and objectives for the three-year plan, starting on page 48, there are no connections for each goal and objective back to the community feedback. A glaring omission is the request from the community to allocate funding for housing for the mentally ill, which is also a topic that has come up frequently during conversations between the Yolo County Health and Human Services Agency and the Save Pine Tree Gardens Committee. The County may transfer up to 20 percent of the Community Services and Supports funding to Capital Facilities and Technology every year, but it is not clear whether the Three-Year Plan is transferring the amount needed for housing to these categories.

- **Insufficient information to understand the expenditures.** The Program Plan section, beginning on page 47, provides 1-2-page descriptions of allocations of up to $18 million over three years. These descriptions do not draw connections to community needs or provide information about the success of continuing programs. Additionally, multiple proposed budget amounts listed in the Program Plan section are not represented or are inconsistent with amounts listed in the budget sections, pages 76-93.

- **Lack of measurable outcomes and objectives.** WIC § 5848 states the plan shall include a report on the achievement of performance outcomes for MHSA services. The draft Plan does not include performance outcomes to indicate results of past years' expenditures. The County MHSA Profile, beginning on page 93, serves only as a quantitative summary of MHSA expenditures, and does not measure *impact* of MHSA services. According to Public Health Director Brian Vaughn during the July 10th Zoom meeting, this issue is not unique to Yolo County and his division is allocating resources for both staff and a consultant to develop performance measures in the coming years. This expenditure is not a line item in the plan, however, so it's difficult to evaluate the adequacy of this financial commitment to meet the need.

Given these issues and the flexibility provided by the state budget trailer bill to extend the public process, the Committee respectfully requests the Board of Supervisors and the Local Mental Health Board adopt an updated public process to allow more time for discussion of these important priorities.

Sincerely,

Dorothy Callison
Leslie Carroll
Mavonne Garrity
Phil Garrity
Brian Parker
Petrea Marchand
Marilyn Moyle
Jeni Price
Nancy Temple
Cass Sylvia
Linda Wight
Kathy Williams-Fossdahl
Dian Vorters
Rick Moniz

cc: Members, Yolo County Board of Supervisors
Pat Blacklock, Yolo County Administrator
Karen Larsen, Director, Yolo County Health and Human Services Agency
Brian Vaughn, Yolo County Public Health Director

RESPONSE:
The MHSA three-year planning process was started in May 2019 with a series of three monthly educational sessions through July 2019, followed by an extensive plan development process beginning in August 2019 and ending in January 2020. During this process over 500+ community residents and stakeholders representing a wide range of geographic and demographic communities participated in providing feedback to the plan. Their interests, priorities, and voice are represented in this plan. As a result, HHSA does not believe further delay in finalizing and implementing the plan is warranted at this time.

Furthermore, we believe additional delays beyond what has already happened as a result of COVID, risks undermining the broad community feedback that was received last fall and could jeopardize the timely implementation of new investments around expansion of Full Service Partnership (FSP) and K-12 school-based services at a time when they are in high demand due to the COVID pandemic.

In regards to allocating additional MHSA funding for housing, the Community Engagement Workgroup (CEWG) was made aware that while it was a highlighted priority for the community, that other funding streams existed to support this priority beyond MHSA. Given the existence of other funding streams, the county has prioritized local MHSA funds to support service delivery as intended. These services include significant investments in staffing to support permanent supportive housing. Additionally, in 2016, the state passed legislation that carved out a piece of local county MHSA funding (7%) specifically to fund No Place Like Home (NPLH) grants to support permanent supportive housing to mentally ill residents. There are 41 NPLH units located in West Sacramento and 29 units in Woodland, CA.

Over the course of the next three years several developments are planned, adding over 400 units for low/ extremely low income individuals in Yolo County. More than half of these units are permanent supportive housing units which have services on site and available to residents. Some units are designated for persons experiencing homelessness but many are not. Some are also more short term in nature. We are prioritizing bringing people back to Yolo who have been placed elsewhere, whether that be an IMD or a Board and Care in another county along with the intended Peer-Run Housing Program. Pine Tree Gardens funding is included across the following: Adult Wellness Services, Pathways to Independence, and Older Adult Outreach and Assessment Programs.

Regarding program evaluation and data, HHSA acknowledges it can do better with evaluating MHSA program outcomes. This is not unique to Yolo county and is a statewide issue, as counties have prioritized service delivery over additional administrative support costs. Nonetheless, HHSA understands the importance of investing in program evaluation and quality improvement, and therefore has already begun implementing Results Based Accountability (RBA) measures for all MHSA contracts and funded programs and will continue to do so with the new plan. Furthermore, HHSA has set aside funding in the new plan to bring in outside support to help with program evaluation and outcome assessments. HHSA is making edits to the plan to highlight these evaluation activities. Please see Yolo County MHSA Profile, page 94, for demographics and data on residents served, FSP outcomes, and prevention and early intervention programs.

Lastly, HHSA is currently updating the plan to provide additional information to better illustrate the connection between the community feedback and program investments.

From: Lill Birdsall <lill@namiyolo.org>
Sent: Monday, July 13, 2020 4:26 PM
To: Kim Farina <friends@namiyolo.org>
Subject: Extension of Public Process for MHSA three-year program and expenditure plan

Dear Chair Sandy and Chair King:

I hope this email reaches you in time to peruse it before the LMHB meeting this evening. I have attached a word document as well.

NAMI-Yolo County is very appreciative of the support we have received through MHSA funding to enhance our educational programs, peer and family wellness opportunities, community engagement and advocacy. We are writing to you as local stakeholders requesting the County to utilize the flexibility granted in the 2020-21 state budget to extend the public process for development of Yolo County's Mental Health Services Act three-year program and expenditure plan ("Three-Year Plan").

As you may know, the Governor signed AB 81 in July 2020, a budget trailer bill that includes the following language related to Mental Health Services Act three-year program and expenditure plan:

"This bill would authorize a county that is unable to complete and submit a 3-year plan or annual update for the 2020-21 fiscal year due to the COVID-19 Public Health Emergency to extend the effective timeframe of its currently approved 3-year plan or annual update to include the 2020-21 fiscal year. The bill would require a county to submit a 3-year program and expenditure plan or annual update to the commission and the department by July 1, 2021."

NAMI-Yolo feels that the MHSA community input process this year was successful in increasing participation. However, the current document does not reflect some of the community's highest priorities. Also, the timeline is too short for meaningful discussion and response after the 30-day period is over so that the LMHB and BOS have adequate time to reflect on changes from community input before they have to vote. NAMI-Yolo would like to see a better correlation between the programs funded and the community priorities. Our constituency feels that there is not clear rationale for why some programs were changed or eliminated (CIT, Mental Health Urgent Care, etc.) We would like a better explanation than "They were underutilized or too expensive."

NAMI Yolo County instead recommends the following process:

- **July 19th:** End of 30-day public comment period
- **July 20th:** Special Local Mental Health Board meeting to review public comments
- **July 27th:** Regular Local Mental Health Board meeting at which Board will review written responses from Yolo County staff to Board comments
- **August 20th**: Yolo County staff release updated MHSA Three-Year Plan reflecting changes requested by community and Local Mental Health Board
- **August 27th:** Yolo County staff review changes with Local Mental Health Board and Local Mental Health Board considers approval of Three-Year Plan
- **September:** Board of Supervisors considers approval of Three-Year Plan

We understand the County cannot implement new programs proposed in the 2020-2023 Three-Year Plan if it is not approved by the Board of Supervisors, although they are able to continue with existing programs. This is precisely the point of the request to extend the deadline. The community and the Local Mental Health Board need additional information to understand these new proposed expenditures, as well as the proposed use of the $14 million fund balance.

NAMI Yolo County would like the MHSA three-year program to consider including the following:

- Alternate opportunities during acute episodes besides 911 police response and professional intervention to defuse escalating symptoms to avoid more costly treatment.
- Increased access to supportive housing and case managers.
- Reduced client loads for case managers, allowing targeted supportive services outreach to clients with SMI diagnosis who are NOT currently on FSP.
- Increased use of peer support workers and advocacy for standardization at the state level for their certification.
- Improved cultural competency/race relations dialogs, better outreach to our county to target language populations (Spanish and Russian) and minority mental health consumers and their families, especially in relation to policing and criminal justice involvement.
- No wait time for a psychiatrist upon exit from higher level care.
- EDAPT program that is open to more residents and is not constrained by insurance.
- Crisis-care for children.
- Urgent Care needs to be 24/7 so there is an alternative to calling the police.

Given these issues and the flexibility provided by the state budget trailer bill to extend the public process, the Committee respectfully requests the Board of Supervisors and the Local Mental Health Board adopt an updated public process to allow more time for discussion of these important priorities.

Sincerely,

NAMI Yolo County Board of Directors

Jenifer Price, President
Kim Farina. Vice President
Lill Birdsall, Secretary
Linda Wight, Director
David Segal, Director
Chris Naldoza, Director

cc: Members, Yolo County Board of Supervisors
Pat Blacklock, Yolo County Administrator
Karen Larsen, Director, Yolo County HHSA
Brian Vaughn, Yolo County Public Health Director

RESPONSE:
The MHSA three-year planning process was started in May 2019 with a series of three monthly educational sessions through July 2019, followed by an extensive plan development process beginning in August 2019 and ending in January 2020. During this process over 500+ community residents and stakeholders representing a wide range of geographic and demographic communities participated in providing feedback to the plan. Their interests, priorities, and voice are represented in this plan. As a result, HHSA does not believe further delay in finalizing and implementing the plan is warranted at this time.

Furthermore, we believe additional delays beyond what has already happened as a result of COVID, risks undermining the broad community feedback that was received last fall and could jeopardize the timely implementation of new investments around expansion of Full Service Partnership (FSP) and K-12 school-based services at a time when they are in high demand due to the COVID pandemic.

Regarding program specific recommendations, HHSA will take each of these recommendations into consideration as they assess each of the programs in the new plan.

Fabian Valle

From: Xiaolong Li <xlpsyd@gmail.com>
Sent: Monday, July 13, 2020 8:03 PM
To: MHSA
Subject: Public comment for MHSA plan
Attachments: MHSAPublicCommentFormFY202 page 1.pdf; MHSAPublicCommentFormFY202 page 2.pdf

Here are the full comments/questions but I have attached them through the PDF form as well in 2 pages.

-p. 38 How does new MHSA plan to increase access and reduce waitlists? Would it be feasible to set up a text crisis line in addition to phone lines? How is Beacon access for people trying to access care through Beacon?
-p. 39 In what systems/locations are preventive services being implemented? Would requiring organizers of Picnic day, whole earth festival, farmer's market, any other festivals/large social gatherings to educate the community be feasible/helpful in terms of increasing outreach in large community events?
-p.51 Would walk-in services be provided through telehealth as well due to COVID?
-p.52 Will the budget for any services need to be adapted because of the pandemic and clinicians working from home? I could see it could cut costs because of decreased need for office space/maintenance vs. increased costs of making working from home feasible for clinical/support staff? Would there be an increased telehealth budget to make telehealth possible for other services as well?
-p. 59 Is there a way to make the same promotores program for LGBTQ+, black, indigenous, and asian americans?
-p. 64 Who in the community are being trained for early signs training and assistance programs?
-p. 67 Is non-evaluative cultural humility supervision/consultation available for clinicians? I've found this helpful is increasing my cultural humility more than trainings have. The non-evaluative piece means the supervisor/other members of the consultation group do not have an evaluative role for any of the group's clinicians
-p.71 In the new EMR, is there a way of implementing tracking outcome data and pulling data in batches for future program evaluation research?
-p.75 Is there a way to increase funding of pre/post masters and pre/post doctoral training programs? This could decrease costs, increase access, and improve ability to recruit, train, and retain quality providers for the county.

RESPONSE:
HHSA has rolled out walk in clinics in all three Yolo County cities open business hours this Fiscal Year to increase both community and existing client access. HHSA has no waitlists for services. Text communication with client is used already by various treatment teams, however text crisis lines often negatively impact low income clients who either lack phones or have to pay/use limited data to send/ receive texts. The County has been exploring with the state, ways to secure mobile devices for certain clients to increased access to treatment and supports during COVID and afterwards. We consistently refer to Beacon and have an open line of communication with them for referrals between HHSA and them. HHSA also intends to increase access with the addition of Nurse Practitioners through Tele-Mental Health Services, modifications in the Mental Health Crisis Service and Crisis Intervention Team, and new prevention and early intervention through the College and K-12 School Partnership to highlight a few areas in the plan.

Early Signs provides training to providers, individuals, and other caregivers who live or work in Yolo County. The MHSA Cultural Competency program intends to expand outreach, linkages, and trainings to diverse groups/populations within Yolo County.

HHSA is in the process of selecting a Business Intelligence software tool which will allow detailed batch reports to utilize for evaluation.

Yolo County is part of a renewed 5-year WET program at the state level in which we will be given funds over the next 5 years for this specific strategy. The Central Regional WET Partnership program will be developed further upon successful regional partnership funding outcome.

Fabian Valle

From: g_bourne@sbcglobal.net
Sent: Thursday, July 16, 2020 4:21 PM
To: MHSA
Cc: 'rick moniz'; 'Rick Heubeck'; 'Petrea Marchand'; 'Sumit Sen'; 'Aquilla Sellew'
Subject: Comments on MHSA and Mental Health Initiatives in Yolo County
Attachments: MentalHealth_LetterofSupport_071620.pdf

Greetings --- please find attached a letter of support for extending the public review and comment period for the MHSA. In addition, we are part of an initiative to help support other aspects of mental health awareness and services in Yolo County and our letter addresses that as well. We look forward to working with Yolo County leaders to expand the understanding of mental health issues and supports in our community – and to get more people engaged on these important issues.

Thank you for considering our request.

Best regards,

Greg Bourne (on behalf of UCC and the coordinating team for mental health week 2020 activities)

COUNTY OF YOLO

Health and Human Services Agency

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

Public Comment Period—Friday June 19, 2020 through Monday July 20, 2020

Document Posted for Public Review and Comment:

MHSA Three-Year Program & Expenditure Plan FY 2020-2023

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

PERSONAL INFORMATION (optional)

Name: _____

Agency/Organization: _____

Phone Number: _____ Email address: _____

Mailing address: _____

What is your role in the Mental Health Community?

_____ Client Consumer
_____ Family Member
_____ Educator
_____ Social Services Provider
_____ Mental Health Services Provider
_____ Law Enforcement/Criminal Justice Officer
_____ Probation Officer
X Other (Specify) Church

Please write your comments below:

If you need more space for your response, please feel free to submit additional pages.

Please see the attached letter directed to the County Board of Supervisors. Thanks for the opportunity to comment on this important issue.

Please return your competed comment form to HHSA/MHSA before 5:00 P.M. on Monday July 20, 2020 in one of two ways:

- Scan and Email this completed form to MHSA@yolocounty.org, Subject: MHSA Plan Draft for FY 2020-2023 Comments
- Mail this form to HHSA/MHSA, Attn: MHSA Coordinator, 25 N. Cottonwood St., Courier #16CH, Woodland, CA 95695.

university
covenant
church

Dear Yolo County Board of Supervisors:

University Covenant Church (UCC) wishes to commend the County for enhancing its support for mental health services for Yolo County families. Along with other churches and members of the community we have recognized for some time the need to ramp up services and support for those encountering mental illness, and their families.

Beginning with a fundraising event last year supported by Supervisors Saylor and Provenza, members of UCC's Local Missions team has been meeting with representatives of NAMI, the Save Pine Tree Gardens Committee (SPTG) and Supervisor Saylor's office to explore ways the faith community, and community at large, might engage more effectively in support of those encountering mental health issues in Davis and the surrounding area. We are now in the process of forming a Coordinating Team with representatives of various organizations to help develop a series of events this fall to bring more community-wide attention to the mental health needs of families in our community. We plan to work closely with public officials in Yolo County to make these events as successful as possible.

In addition, we wish to add our support for the appeal from the Save Pine Tree Gardens Committee to extend the public review process associated with the development of the MHSA Three-Year Plan. Given the understandable delays, we support extending the public review process, as suggested by SPTG, through August to allow adequate time to address any ideas offered or concerns raised.

Please contact me if you have any questions. We look forward to being part of efforts to enhance mental health services and support for families in Davis and Yolo County.

Rev. Sumit Sen
University Covenant Church
sumit@ucov.com

315 mace blvd :: davis, ca 95618
530.756.3923 :: 530.756.4511 fax
www.ucov.com

RESPONSE: The MHSA three-year planning process was started in May 2019 with a series of three monthly educational sessions through July 2019, followed by an extensive plan development process beginning in August 2019 and ending in January 2020. During this process over 500+ community residents and stakeholders representing a wide range of geographic and demographic communities participated in providing feedback to the plan. Their interests, priorities, and voice are represented in this plan. As a result, HHSA does not believe further delay in finalizing and implementing the plan is warranted at this time.

Furthermore, we believe additional delays beyond what has already happened as a result of COVID, risks undermining the broad community feedback that was received last fall and could jeopardize the timely implementation of new investments around expansion of Full Service Partnership (FSP) and K-12 school-based services at a time when they are in high demand due to the COVID pandemic.

Fabian Valle

From: Linda McCumber <mccumber.peace@gmail.com>
Sent: Saturday, July 18, 2020 3:02 PM
To: MHSA
Subject: MHSA Plan Draft for FY 2020-2023 Comments
Attachments: showdocument.pdf

Please review my comments.

Linda L McCumber
(530) 666-2778 (Home)

COUNTY OF YOLO

Health and Human Services Agency

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

Public Comment Period—Friday June 19, 2020 through Monday July 20, 2020

Document Posted for Public Review and Comment:

MHSA Three-Year Program & Expenditure Plan FY 2020-2023

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

PERSONAL INFORMATION (optional)

Name: Linda L. McCumber

Agency/Organization:

Phone Number: 530-666-2778 (Home) Email address: mccumber.peace@gmail.com

Mailing address: 159 Glacier Street Woodland, CA 95695

What is your role in the Mental Health Community?

	Client Consumer		Mental Health Services Provider
Parent	Family Member		Law Enforcement/Criminal Justice Officer
	Educator		Probation Officer
	Social Services Provider		Other (Specify)

Please write your comments below:

If you need more space for your response, please feel free to submit additional pages.

As a parent of a love one (my son) that is living with a severe Mental Health Condition, I am very concerned about the lack of Resources Of "Long-Term Housing" In The New MHSA Yolo County's Three-Year Plan Proposal. Noted > * (New) Peer-Run Housing" Purchasing a home so out of county placements of Yolo County Clients can be relocated back into their own County for their living and program resourses > This is excellent and a very good goal and plan!!!
In addition > **Yolo County strongly needs to support with financial resources the current two residental homes in Davis > *Pine Tree Gardens West and Pine Tree Gardens East!!! Currently, they are struggling for financial resources and our Yolo County needs them to remain open and functioning for our Yolo County Residents with Mental Health Issues. Professionals and the Clients have worked so very hard for the "goal" of living in these two programs. They have come too far in their " Wellness Program" to be shut out. Please Help!!!

Please return your competed comment form to HHSA/MHSA before 5:00 P.M. on Monday July 20, 2020 in one of two ways:

- Scan and Email this completed form to MHSA@yolocounty.org, Subject: MHSA Plan Draft for FY 2020-2023 Comments
- Mail this form to HHSA/MHSA, Attn: MHSA Coordinator, 25 N. Cottonwood St., Courier #16CH, Woodland, CA 95695.

RESPONSE:
Given the existences of other funding streams available to support housing for those with mental illness, the county has prioritized local MHSA funds to support service delivery. These services include significant investments in staffing to support permanent supportive housing. Furthermore, in 2016, the state passed legislation that carved out a piece of local county MHSA funding (7%) specifically to fund No Place Like Home (NPLH) grants to support permanent supportive housing to mentally ill residents. There are 41 NPLH units located in West Sacramento and 29 units in Woodland, CA.

Over the course of the next three years several developments are planned, adding over 400 units for low/extremely low income individuals in Yolo County. More than half of these units are permanent supportive housing units which have services on site and available to residents. Some units are designated for persons experiencing homelessness but many are not. Some are also more short term in nature. We are prioritizing bringing people back to Yolo who have been placed elsewhere, whether that be an IMD or a Board and Care in another county along with the intended Peer-Run Housing Program. Pine Tree Gardens funding is included across the following: Adult Wellness Services, Pathways to Independence, and Older Adult Outreach and Assessment Programs.

In response to your comments regarding the Pine Tree Gardens homes, the County has invested a significant amount of resources into these homes including approximately $200,000 in repairs, $1,000,000 to purchase East House, and several hundred thousand dollars per year over the next three years to fund operations.

From:	Jonathan Raven
To:	MHSA
Cc:	Jon Home Email
Subject:	MHSA Plan Draft for FY 2020-2023 Comments
Date:	Sunday, July 19, 2020 9:30:03 AM
Attachments:	MHSA 3 year plan supp comments PDF.pdf MHSA 3 year plan public comment submission.pdf

Please confirm you received the Public Comment Form (below) as well as my supplemental comments (attached and below).

Thank you.

Supplemental Comments (beyond space allocated on Public Comment Form)

I. THE TIMING OF THE RELASE OF THE DRAFT PLAN DID NOT ALLOW FOR SUFFICIENT TIME FOR A ROBUST REVIEW AND DISCUSSION

RECOMMENDATION: The Chairman of the Board of Supervisors put the vote on the Draft Plan on the agenda of the first meeting in September, a one month delay from the currently scheduled date.

The Draft Plan was released to the public on June 22, 2020. The period for public comments ends on July 21, 2020. Initially the Board of Supervisors (BOS) was going to meet on July 22 to vote – 1 day after public comments ended. At the urging of some LMHB members, in conjunction with a request from HHSA Director Karen Larsen, the vote was moved to August 4. The LMHB is scheduled to meet on July 27. This allows only one week for LMHB members to review the public comments and then only another week after the July 27 LMHB meeting to finalize its review prior to the August 4 BOS meeting.
I realize LMHB members and the public have had many months to provide input to the HHSA MHSA team. But it's impossible to adequately review the Draft Plan when one doesn't yet have the DraftPlan. I also realize we want to start funding programs included in the Draft Plan. The law allows for continuing programs to be funded even if the new Plan isn't yet adopted. About $46 million in the Draft Plan is dedicated to continuing programs. These programs would continue to be funded even if the vote is delayed. For the new programs ($14 million or 23% of the total), the spending would be delayed 1 month. That being said, in year 3 of the plan there will likely be considerably less funding due to reduced tax revenue as a result of COVID-19. The impact of a current year drop in revenue is not applied until 3 years later. One might suggest that the new programs should not be funded until year 2 since it's likely the

Plan will have less revenue in year 3 and these new programs may have to be discontinued. That would not be good.

II. LACK OF PERFORMANCE OUTCOMES AMD AND MEASURABLE RESULTS

RECOMMENDATION: The Draft Plan should be modified to include information for each plan (continuing and new) on achievement and performance outcomes and also set aside funding to have an expert conduct an independent review (on achievement and performance outcomes) of all programs. Additionally, the performance measures should be added to the Plan for continuing programs to see how successful these programs were in the last 3 years.

The Draft Plan does not include any performance outcome measures. The public, BOS and LMHB have never seen these measures for continuing programs during the past 3 years and the Draft Plan doesn't include this information. The Draft Plan also doesn't include how outcomes and performance will be measured in the next 3 years with continuing and new programs.
The MHSA 3-Year Draft Plan can allocate funding to retain an expert to conduct an independent Local Evaluation Plan. Nearly all public grants require the grantee to set aside a sizeable percentage of the grant to do this. This is not required by the MHSA guidelines but it is best practice. I have heard BOS members talk about performance measures numerous times at BOS meetings. This is an ongoing mantra in Yolo County. Why are we not requiring this in this $62 million Plan? To set aside a small percentage of the $62 million would provide us information on the success and achievements of each program and ultimately save money in the long run. We would know what programs shouldn't be funded in the next plan.

Welfare and Institutions code section 5848(c) states, "the plans SHALL include reports on the achievement and performance outcomes...." As stated, this required information has not been reported to the BOS, LMHB and public. And, this is not in the Draft Plan. To illustrate the importance of this, here are a few examples:

1. Adult Wellness is a continuing program funded in the Draft Plan at $18,205,939. The public, BOS or LMHB have not seen measureable results for the past 3 years and there's nothing in the Draft Plan on this topic. We have no way of knowing whether this program was a success or failure in the prior 3 years?
2. The same holds true for the continuing funding Community Based Drop-In Navigation Center at $2,533,200.
3. The same holds true for Tele-Mental Health at $2,347,632.

4. The same holds true for Pathways to Independent Living at $4,910,466.

5. Crisis Intervention Training (CIT) is a new program funded in the Draft Plan at $5,385,240, an increase of over $4 million from the 2017-2020 plan. Yet, the Draft Plan is silent on how this program will measure achievement and program outcomes.

6. Another new program is K-12 School Partnership at $3,300,000 million. Similar to CIT, the Draft Plan is silent on how this program will measure achievement and program outcomes.

7. Also, the new program Integrated Medicine into Behavioral Health at $1,808,000.

III. OTHER COMMENTS AND FEEDBACK (some of these may be geared to the 2024-2028

Plan)

1. Can we include other agencies and individuals, in addition to HHSA staff, in the funding decisions (see p. 36 of the Draft Plan)?

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4. Only 3.14% of the Draft Plan funds essential and necessary "Services" to those suffering from a serious mental illness, while 34.49 % goes to "Youth" programs. Funding youth programs is important but these percentages seem out of proportion to some degree.

5. It seems very challenging to submit public comments. The directions require one to scan the document as a pdf and email it. Do those with lower socio-economic status have scanners? What about the older population? Will this not create challenges for them? It says you can snail mail comments. Does that mean that if the mail is postmarked on July 20, it will be considered? That, of course means that public comments will not be completed until 3-4 days after July 20 to allow for snail mail.

Thank you for taking the time to review, consider, and hopefully implement these comments and suggestions. Currently, the 3-Year Plan is a "Draft Plan," implying changes and modifications can still be made.

COUNTY OF YOLO

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This document is posted on the Internet at:
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PERSONAL INFORMATION (optional)

Name: Jonathan Raven

Agency/Organization: _____

Phone Number: _____ Email address: jonathan.raven@sbcglobal.net

Mailing address: _____

What is your role in the Mental Health Community?

_____ Client Consumer
_____ Family Member
_____ Educator
_____ Social Services Provider
_____ Mental Health Services Provider
_____ Law Enforcement/Criminal Justice Officer
_____ Probation Officer
X Other (Specify) multiple roles

Please write your comments below:

If you need more space for your response, please feel free to submit additional pages.

I realize a tremendous amount of time and energy was invested in creating this Draft MHSA 3-year plan. I was particularly impressed with the focus groups (some of which I attended), the program on tele-psychiatry, and the art included in the plan from those with lived experience.

That being said, the Draft Plan calls for the expenditure of over $60 million tax payer dollars so it's critical that those reviewing the Draft Plan have sufficient time to scrutinize it adequately before it becomes the FINAL MHSA 3-year Plan. Additionally, the Draft Plan doesn't include "achievement and performance outcomes," as required by law. Following are some brief comments with constructive feedback. PLEASE SEE ATTACHED PAGES.

Please return your competed comment form to HHSA/MHSA before 5:00 P.M. on Monday July 20, 2020 in one of two ways:

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The MHSA three-year planning process was started in May 2019 with a series of three monthly educational sessions through July 2019, followed by an extensive plan development process beginning in August 2019 and ending in January 2020. During this process over 500+ community residents and stakeholders representing a wide range of geographic and demographic communities participated in providing feedback to the plan. Their interests, priorities, and voice are represented in this plan. As a result, HHSA does not believe further delay in finalizing and implementing the plan is warranted at this time.

Furthermore, we believe additional delays beyond what has already happened as a result of COVID, risks undermining the broad community feedback that was received last fall and could jeopardize the timely implementation of new investments around expansion of Full Service Partnership (FSP) and K-12 school-based services at a time when they are in high demand due to the COVID pandemic.

Regarding program evaluation and data, HHSA acknowledges it can do better with evaluating MHSA program outcomes. This is not unique to Yolo county and is a statewide issue, as counties have prioritized service delivery over additional administrative support costs. Nonetheless, HHSA understands the importance of investing in program evaluation and quality improvement, and therefore has already begun implementing Results Based Accountability (RBA) measures for all MHSA contracts and funded programs and will continue to do so with the new plan. Furthermore, HHSA has set aside funding in the new plan to bring in outside support to help with program evaluation and outcome assessments. HHSA is making edits to the plan to highlight these evaluation activities. Please see Yolo County MHSA Profile, page 94, for demographics and data on residents served, FSP outcomes, and prevention and early intervention programs. HHSA regularly reports outcomes to BOS and LMHB regarding several MHSA programs but not all.

The increase in the Mental Health Crisis Service and Crisis Intervention Team Training is an investment for the crisis continuum as a whole. A Co-responder model for all three cities, collaboration with Law Enforcement Agencies, 24/7 access line, Hospital and community crisis response is included here, as is CIT. Costs associated with CIT for the next 3 years, which will now be delivered by existing HHSA staff are budgeted at the same amount of $50,000 but are just not broken out separately from the Crisis Service program like they were in the prior plan, as the training is no longer contracted out.

MHSA can always improve on information dissemination. Furthermore, MHSA requested and encouraged partners and community stakeholders to promote the review of the draft plan and participation by posting and sharing with others and posted the Public Notices in both the Daily Democrat and the Davis Enterprise and by social media. All mailed comments postmarked by July 20th will be included up to the scheduled Public Hearing.

From:	Richard Bellows
To:	MHSA
Subject:	Fwd: Feedback on 2020-2023 Yolo County Mental Services Act 3 Year Program Draft
Date:	Sunday, July 19, 2020 11:29:11 AM

Please confirm receipt of this email.

Begin forwarded message:

From: Richard Bellows <bellows_richard_j@sbcglobal.net>
Subject: Feedback on 2020-2023 Yolo County Mental Services Act 3 Year Program Draft
Date: July 18, 2020 at 12:38:41 PM PDT
To: Karen Larsen <Karen.Larsen@YoloCounty.org>, Christina Grandison <Christina.Grandison@yolocounty.org>, "Brian.Vaughn@yolocounty.org" <Brian.Vaughn@YoloCounty.org>

All,

Please forward as appropriate. I could not find who was designated to receive feedback.

Feedback on 2020-2023 Yolo County Mental Services Act 3 Year Program Draft

I have concerns in three areas:

<!--[if !supportLists]--**1.** <!--[endif]--**Weak Goal Setting:** Many of the goals are generic! Modern business practice increasingly uses SMART Goals. SMART is an acronym for Specific, Measurable, Achievable, Relevant and Time-based. Organizations have a centuries long history of goal setting on 1 year, 3 year and 5 year schedules. Many goals get repeated year after year after year with little real or measurable progress. There are many admirable goals in this plan but none are SMART. I strongly urge the draft to convert as many goals as possible to the SMART format. There are many online resources.

<!--[if !supportLists]--**2.** <!--[endif]--**Clear Definition of What is New:** How many new personnel will be hired or what existing personnel be reassigned. Many of these activities are needed for mental health services across the country. Will HHSA bring in **evidence-based** programs and training to institute change or will the department be **re-inventing the wheel**?

<!--[if !supportLists]--**3.** <!--[endif]--**Strange Classifications:** The Mental Health Crisis Service and Crisis intervention Team Training is classified as **new**. The department had been sponsoring CIT training for over a decade. That should be classified as continuing. The Maternal Mental Health Access Hub will be servicing **adults 60+.** How many of the 60+ population in Yolo County suffer from post-partum depression? Is this a real need? **Maybe I was a new mother at**

60+, I might suffer from depression!!!

Pros:

<!--[if !supportLists]-->1. <!--[endif]-->I realize that there are many aspects to this proposal with a large range of activities. Much of the descriptive material is fine.

<!--[if !supportLists]-->2. <!--[endif]-->The range and scope of the community involvement is outstanding as compared to previous years.

Richard Bellows
208 Cypress Drive
Woodland, CA 95695
(530) 668-7981 (h)
(530) 908-0681 (c)

Richard Bellows
208 Cypress Drive
Woodland, CA 95695
(530) 668-7981 (h)
(530) 908-0681 (c)

COUNTY OF YOLO

Health and Human Services Agency

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

Public Comment Period—Friday June 19, 2020 through Monday July 20, 2020

Document Posted for Public Review and Comment:

MHSA Three-Year Program & Expenditure Plan FY 2020-2023

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

PERSONAL INFORMATION (optional)

Name: Richard Bellows

Agency/Organization: Local Mental Health Board

Phone Number: 530-668-7981 Email address: bellows_richard_j@sbcglobal.net

Mailing address: 209 Cypress Drive, Woodland, CA 95695

What is your role in the Mental Health Community?

_____ Client Consumer	_____ Mental Health Services Provider
___✓___ Family Member	_____ Law Enforcement/Criminal Justice Officer
_____ Educator	_____ Probation Officer
_____ Social Services Provider	___✓___ Other (Specify) LMHB member

Please write your comments below:

If you need more space for your response, please feel free to submit additional pages.

see attachment

Please return your competed comment form to HHSA/MHSA before 5:00 P.M. on Monday July 20, 2020 in one of two ways:

- Scan and Email this completed form to MHSA@yolocounty.org, Subject: MHSA Plan Draft for FY 2020-2023 Comments
- Mail this form to HHSA/MHSA, Attn: MHSA Coordinator, 25 N. Cottonwood St., Courier #16CH, Woodland, CA 95695.

This was my feedback on the MHSA Plan. I sent it to Karen, Christina, Brian Vaughn & Nicki King. Today, someone sent me this form. Please acknowledge its receipt.

Feedback on 2020-2023 Yolo County Mental Health Services Act 3 Year Program Draft

I have concerns in three areas:

1. **Weak Goal Setting:** Many of the goals are generic! Modern business practices increasingly use SMART Goals. SMART is an acronym for Specific, Measurable, Achievable, Relevant and Time-based. Organizations have a centuries long history of goal setting on 1 year, 3 year and 5 year plans. Many goals get repeated year after year after year with little real or measurable progress. There are many admirable goals in this plan but none are SMART. I strongly urge the draft to convert as many goals as possible to the SMART format. There are many online resources for SMART goals..

2. **Clear Definition of What is New:** How many new personnel will be hired or will existing personnel be reassigned. Many of these activities are needed in mental health services across the country. Will HHSA bring in **evidence-based** programs and training to institute change or will the department be **re-inventing the wheel?**

3. **Strange Classifications:** The Mental Health Crisis Service and Crisis intervention Team Training is classified as **new**. The department has been sponsoring CIT training for over a decade. That should be classified as continuing. The Maternal Mental Health Access Hub will be servicing **adults 60+.** How many of the 60+ population in Yolo County suffer from post-partum depression? Is this a real need? **Maybe if I was a new mother at 60+, I might suffer from depression!!!**

Pros:

1. I realize that there are many aspects to this proposal with a large range of activities. Much of the descriptive material is fine.

2. The range and scope of the community involvement is outstanding as compared to previous years.

Richard Bellows, July 18, 2020

Richard Bellows

LMHB Member

530-668-7981

RESPONSE:
Regarding program goals, evaluation, and data, HHSA acknowledges it can do better with evaluating MHSA program goals and outcomes. This is not unique to Yolo county and is a statewide issue, as counties have prioritized service delivery over additional administrative support costs. Nonetheless, HHSA understands the importance of investing in program evaluation and quality improvement, and therefore has already begun implementing Results Based Accountability (RBA) measures for all MHSA contracts and funded programs and will continue to do so with the new plan. Furthermore, HHSA has set aside funding in the new plan to bring in outside support to help with program evaluation and outcome assessments. Please see Yolo County MHSA Profile, page 94, for demographics and data on residents served, FSP outcomes, and prevention and early intervention programs.

In terms of identifying new investments, the program descriptions include an indication if the program is new, continuing, a modification, or a combination.

Administration funding provides for staff time across HHSA to support MHSA components by respective responsibilities (eg. Fiscal administration, Management, and Oversight).

The Maternal Mental Health Access Hub intends to provide mental health services and support for all individuals serving in a maternal and/or child caregiver role.

Fabian Valle

From: Nicki King <divabyday@gmail.com>
Sent: Sunday, July 19, 2020 4:58 PM
To: MHSA
Cc: Nicki King
Subject: MHSA Plan Comments
Attachments: unnamed document.pdf

COUNTY OF YOLO

Health and Human Services Agency

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Document Posted for Public Review and Comment:

MHSA Three-Year Program & Expenditure Plan FY 2020-2023

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

PERSONAL INFORMATION (optional)

Name: Nicki King

Agency/Organization: LMHB

Phone Number: 530-304-6787 Email address: divabyday@gmail.com

Mailing address: 4318 Vista Way, Davis, CA

What is your role in the Mental Health Community?

_____ Client Consumer	_____ Mental Health Services Provider
x _____ Family Member	_____ Law Enforcement/Criminal Justice Officer
x _____ Educator	_____ Probation Officer
_____ Social Services Provider	_____ Other (Specify)_____

Please write your comments below:

If you need more space for your response, please feel free to submit additional pages.

The plan as currently constituted has two major omissions:

1. There is no specific evaluation plan for any of the component activities. In fact, ALL of the activities need specific evaluation efforts. Without these, how will the community (or the Department) know if these projects and programs are having the desired effect (e.g., reducing homelessness, reducing re-hospitalization, improving recovery prospects, etc.)? These evaluations should be performed by outside evaluators who begin their activities when the plan begins, so that mid-course corrections are possible.
2. The spending plan is not mapped to the needs identified in the Community Outreach effort. It is recognized that the Plan itself is more of a spending proposal that probably responds to MHSAOAC guidelines, but without a "crosswalk" from the

Please return your competed comment form to HHSA/MHSA before 5:00 P.M. on Monday July 20, 2020 in one of two ways:

- Scan and Email this completed form to MHSA@yolocounty.org, Subject: MHSA Plan Draft for FY 2020-2023 Comments
- Mail this form to HHSA/MHSA, Attn: MHSA Coordinator, 25 N. Cottonwood St., Courier #16CH, Woodland, CA 95695.

RESPONSE:
Regarding program evaluation and data, HHSA acknowledges it can do better with evaluating MHSA program outcomes. This is not unique to Yolo county and is a statewide issue, as counties have prioritized service delivery over additional administrative support costs. Nonetheless, HHSA understands the importance of investing in program evaluation and quality improvement, and therefore has already begun implementing Results Based Accountability (RBA) measures for all MHSA contracts and funded programs and will continue to do so with the new plan. Furthermore, HHSA has set aside funding in the new plan to bring in outside support to help with program evaluation and outcome assessments. HHSA is making edits to the plan to highlight these evaluation activities. Please see Yolo County MHSA Profile, page 94, for demographics and data on residents served, FSP outcomes, and prevention and early intervention programs.

HHSA is currently updating the plan to provide additional information to better illustrate the connection between the community feedback and program investments.

Fabian Valle

From: David Segal <therealprofdave@gmail.com>
Sent: Monday, July 20, 2020 12:02 AM
To: MHSA
Cc: David Segal; Sara Venturini
Subject: MHSA Plan Draft for FY 2020-2023 Comments
Attachments: MHSAPublicCommentFormFY2020_SEGAL.pdf

Dear MHSA review committee,
Please find my completed Public Comment Form attached.
Please let me know if there was any problem opening the document.
Thanks.
- David Segal
1406 Redwood Lane
Davis, CA 95616

COUNTY OF YOLO

Health and Human Services Agency

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

Public Comment Period—Friday June 19, 2020 through Monday July 20, 2020

Document Posted for Public Review and Comment:

MHSA Three-Year Program & Expenditure Plan FY 2020-2023

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

PERSONAL INFORMATION (optional)

Name: David J. Segal

Agency/Organization: Private citizen

Phone Number: _____ Email address: therealprofdave@gmail.com

Mailing address: 1406 Redwood Lane, Davis, CA 95616

What is your role in the Mental Health Community?

_____ Client Consumer
_____ Mental Health Services Provider
X Family Member
_____ Law Enforcement/Criminal Justice Officer
_____ Educator
_____ Probation Officer
_____ Social Services Provider
_____ Other (Specify)_____

Please write your comments below:

If you need more space for your response, please feel free to submit additional pages.

Please save my brother, Evan Segal. I have just recently learned that the draft 2020-23 MHSA Plan will defund all $3.7M of the Adult Residential Treatment Program (Pacifico). My brother is a tenant in the Pacifico complex in Davis through a program with YCCC. He has had issues with mental health for a long time. When the mental health center in Westchester, NY decided to stop treating him, they put him in a van and dropped him outside a homeless shelter. Thanks to some friends, we helped move him closer to me in Davis, CA. I am the only family he has left. He is kind and respectful. He did not like Pacifico or the people who lived there, but it was the only place he could live. Please, is Yolo County going to throw him out on the street again? He is 56 years old. Where will he go? I am trying to look out for him. I did not know this could happen. Can you tell me what will happen to him and all the others if Pacifico is closed? Please help. I am happy to be contacted.

Please return your competed comment form to HHSA/MHSA before 5:00 P.M. on Monday July 20, 2020 in one of two ways:

- Scan and Email this completed form to MHSA@yolocounty.org, Subject: MHSA Plan Draft for FY 2020-2023 Comments
- Mail this form to HHSA/MHSA, Attn: MHSA Coordinator, 25 N. Cottonwood St., Courier #16CH, Woodland, CA 95695.

RESPONSE: Thank you for your comment. The County is not pulling funding from Pacifico. In fact, the County attempted to invest MHSA dollars in Pacifico but was unsuccessful. HHSA Staff will follow up with you to discuss further.

Fabian Valle

From: Leslie Carroll <lacarrol@yahoo.com>
Sent: Sunday, July 19, 2020 4:30 PM
To: MHSA
Subject: MHSA Plan Draft for FY 2020-2023 Comments
Attachments: 2020-2023 MHSA Comments - Leslie Carroll.pdf

Dear MHSA Coordinator,

Please find attached, my comments regarding the 2020-2023 MHSA Plan Draft.

Thank you for your consideration.

Sincerely,
Leslie Carroll

COUNTY OF YOLO

Health and Human Services Agency

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

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MHSA Three-Year Program & Expenditure Plan FY 2020-2023

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

PERSONAL INFORMATION (optional)

Name: LESLIE CARROLL

Agency/Organization: NAMI YOLO

Phone Number: 530.758.3203 Email address: LACARROL@YAHOO.COM

Mailing address: 1103 OAK AVE. DAVIS, CA 95616

What is your role in the Mental Health Community?

_____ Client Consumer
✓ Family Member
_____ Educator
_____ Social Services Provider
_____ Mental Health Services Provider
_____ Law Enforcement/Criminal Justice Officer
_____ Probation Officer
_____ Other (Specify)_____

Please write your comments below:

If you need more space for your response, please feel free to submit additional pages.

I HAVE A NUMBER OF QUESTIONS ABOUT THE 2020-2023 MENTAL HEALTH SERVICES ACT THREE-YEAR PLAN, ALONG WITH A REQUEST FOR INFORMATION. PLEASE SEE THE FOLLOWING TWO PAGES.

THANK YOU FOR YOUR ATTENTION.

SINCERELY,

Leslie Carroll

Please return your competed comment form to HHSA/MHSA before 5:00 P.M. on Monday July 20, 2020 in one of two ways:

- Scan and Email this completed form to MHSA@yolocounty.org, Subject: MHSA Plan Draft for FY 2020-2023 Comments
- Mail this form to HHSA/MHSA, Attn: MHSA Coordinator, 25 N. Cottonwood St., Courier #16CH, Woodland, CA 95695.

1. The Budget Summary in the PowerPoint 2020-23 Three-Year Program and Expenditure Plan presented by Brian Vaughn projected 2020-2023 expenses at $62,063,175 while the 2020-2023-Year Budget by component shows $55,272,283, a difference of almost $7M. Possible reasons could be administrative costs; prudent reserve contributions but an explanation can't be easily found in the 2020-23 MHSA plan. Please explain the difference. (Ref: Three-Year Plan Summary, 2020-2023 slides 15-18)

MHSA Component	**3 Year Budget 2020-2023**
CSS	$39,719,133
PEI	$10,535,827
INN	$1,953,000
Capital/Tech	$2,742,790
WET	$321,533
Total	$55,272,283

2. Why the big increases for the Adult Wellness ($8.6M), Pathways to Independence (TAY) ($3.2M) and the Older Adult Outreach/ Assessment ($2.1M) programs from the 2017-2020 MHSA 3-Year Plan?

   Adult Wellness Program
   2017-2020: $9,600,000 (2020-2023 MHSA Three Year Plan: pg 49-50
   2020-2023: $18,205,939 (2017-2020 MHSA Three Year Plan: pg 69-71
   TAY (Transitional Age Youth – ages 16-25)
   2017-2020: $1,785,000 (2020-2023 MHSA Three Year Plan: pg 63-65
   2020-2023: $4,910,466 (2017-2020 MHSA Three Year Plan: pg 56-57
   Older Adult Outreach/ Assessment
   2017-2020: $1,785,000 (2020-2023 MHSA Three Year Plan: pg 32-33
   2020-2023: $3,894,269 (2017-2020 MHSA Three Year Plan: pg 47-49

3. Please indicate how much money has been budgeted for the CIT program. . The previous cost for CIT, funded by MHSA was $50K/year for a 3-year cost of $150K. CIT is now part of Crisis Services program and has a budget of $5.38M for the next three years. As a result, it's impossible to understand how much the new CIT program will cost; especially given Yolo County will no longer use the previous contractor but will manage the program itself
   (2020-2023 MHSA Three Year Plan: pg 53-54)
   (2017-2020 MHSA Three Year Plan: pg 83-84)

4. Please give an estimate of how many clients will be served by the various programs as was done in the 2017-2020 MHSA Three-Year Plan.

5. While page 98 of the 2020-2023 plan lists outcomes for FSP clients, there's no indication of the effectiveness of the other continuing programs. Many of these programs have been in place for ten years or longer, more than enough time for a rudimentary evaluation. When can the community expect reporting on program effectiveness?

6. Housing and case management were top priorities for community members yet there are few programs which include these two programs. Why the disconnect between community priorities and the MHSA plan? Housing is essential for all of us but more so for someone living with a psychiatric disorder. The only housing in the plan is for 6 beds in a Peer-run residence.

   Currently case managers are only available for FSP clients, yet there are many others who need these vital services which can mean the difference between recovery/stabilization and relapse. Why can't the MHSA plan include case-management for select non-FSP clients?

7. The Save Pine Tree Gardens Committee has been told $3M has been allocated to the operator/s of Pine Tree Gardens. Another $1M was used to purchase one of the two houses. There's nothing in the 2020-23 MHSA Plan indicating the $3M allocation. Can this funding be included as a line item and iin the program description/s.

   Why were no funds available the last two years to help? How will the $3M be used? To pay North Valley Behavioral to operate Pine Tree Gardens? The current operators of both houses were doing this at no cost to the County.

8. We should be supporting the housing we have. Homestead Cooperative houses twenty-one Yolo County mental health clients. It desperately needs a full-time onsite social worker similar to the staffing at Cesar Chavez. At times the residents are living in a chaotic situation that causes some people to decompensate and need a higher level of care. In one case, a resident committed suicide after not getting the help he needed. There are rumors of people who scream throughout the night, drugs and other problems. An experienced social worker coming in every day could help make a difference for Homestead residents. Please consider funding a social worker position for Homestead by using whatever creative/collaborative means necessary.

RESPONSE:

1. The total projected expenditures in the plan budget = $62,063,175 which includes FY 19/20. See page 78.

2. These were highlighted priority areas in the planning process. The increase in budgeted for the TAY, Adult and OA programs are all due to both increased costs associated with each FSP slot for each of these age groups as well as the Counties plan to grow the number of spots into the next few years with a Forensic ACT team and No Place Like Home developments(also FSP slots). Further, clarification on MHSA regulations has allowed us to attribute more costs to serve FSP clients variety of needs for this plan than in prior years.

3. The increase in the Mental Health Crisis Service and Crisis Intervention Team Training is an investment for the crisis continuum as a whole. A Co-responder model for all three cities, collaboration with Law Enforcement Agencies, 24/7 access line, Hospital and community crisis response is included here, as is CIT. Costs associated with CIT for the next 3 years, which will now be delivered by existing HHSA staff are budgeted at the same amount of $50,000 but are just not broken out separately from the Crisis Service program like they were in the prior plan, as the training is no longer contracted out.

4. HHSA expects to increase services throughout the community in each of these programs in line with what we heard from the community was an unmet need. We anticipate a dramatic increase in FSP, close to doubling, to support the No Place Like Home developments as well as other populations. Increases in this area will also provide additional staff to provide support services for non-FSP clients.

5. HHSA acknowledges it can do better with evaluating MHSA program outcomes. This is not unique to Yolo county and is a statewide issue, as counties have prioritized service delivery over additional administrative support costs. Nonetheless, HHSA understands the importance of investing in program evaluation and quality improvement, and therefore has already begun implementing Results Based Accountability (RBA) measures for all MHSA contracts and funded programs and will continue to do so with the new plan. Furthermore, HHSA has set aside funding in the new plan to bring in outside support to help with program evaluation and outcome assessments. Please see Yolo County MHSA Profile, page 94, for demographics and data on residents served, FSP outcomes, and prevention and early intervention programs. Once the County receives FY19-20 year end data from all providers and internal programs by August 2020, a full outcomes report can be generated.

6. Given the existences of other funding streams available to support housing for those with mental illness, the county has prioritized local MHSA funds to support service delivery. These services include significant investments in staffing to support permanent supportive housing. Furthermore, in 2016, the state passed legislation that carved out a piece of local county MHSA funding (7%) specifically to fund No Place Like Home (NPLH) grants to support permanent supportive housing to mentally ill residents. There are 41 NPLH units located in West Sacramento and 29 units in Woodland,CA. Some units are designated for persons experiencing homelessness but many are not. Some are also more short term in nature. We are prioritizing bringing people back to Yolo who have been placed elsewhere, whether that be an IMD or a Board and Care in another county along with the intended Peer-Run Housing program. FSP programs provide case management services and the County does provide some case management services for non-FSP clients. Much of what will be provided at the navigation centers includes case management and linkage services. HHSA will include increased case management resources for non-FSP clients within the Adult Wellness Services Program. Additionally, we work with Beacon to provide ongoing therapy for clients who could benefit and are interested.

RESPONSE CONTINUED:

7. The County has invested approximately $200,000 of MHSA dollars over the last two years to repairs of the Pine Tree Gardens Homes. Additionally, the County just ensured the purchase of East House and a long term deed restriction utilizing $1 million of MHSA dollars. Furthermore, the County will be contracting with NVBH to cover the costs of operations for the coming three years which we expect to cost approximately$$800,000 MHSA dollars per year for both homes. Pine Tree Gardens funding is included across the following: Adult Wellness Services, Pathways to Independence, and Older Adult Outreach and Assessment Programs.

8. Through the state Mental Health Block Grant, we funded in FY19-20 and will again in FY20-21 a YCCC case manager to provide case management services at Homestead. Outcomes tracking from YCCC for FY19-20 showed these services were offered to all Homestead residents and this data will be shared once all outcome data has been pulled together.

From:	Nancy Temple
To:	MHSA; Karen Larsen; Brian Vaughn
Cc:	Nancy Temple
Subject:	Save PTG MHSA Comments ref Yolo County's draft 2020-2023 Three-Year Program and Expenditure Plan
Date:	Sunday, July 19, 2020 5:53:57 PM
Attachments:	Save PTG MHSA Comments ref Yolo Countys draft 2020-2023 Three-Year Program and Expenditure Plan.msg

COUNTY OF YOLO

Health and Human Services Agency

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

PERSONAL INFORMATION (optional)

Name: Nancy Temple

Agency/Organization: Save Pine Tree Gardens Committee

Phone Number: 530-753-1289 Email address: ntemple@comcast.net

Mailing address: 1212 Villaverde Dr, Davis, CA 95618

What is your role in the Mental Health Community?

_____ Client Consumer
_____ Mental Health Services Provider
X_____ Family Member
_____ Law Enforcement/Criminal Justice Officer
_____ Educator
_____ Probation Officer
_____ Social Services Provider
_____ Other (Specify)_____

Please write your comments below:

If you need more space for your response, please feel free to submit additional pages.

See attached pages.

Please return your competed comment form to HHSA/MHSA before 5:00 P.M. on Monday July 20, 2020 in one of two ways:

- Scan and Email this completed form to MHSA@yolocounty.org, Subject: MHSA Plan Draft for FY 2020-2023 Comments
- Mail this form to HHSA/MHSA, Attn: MHSA Coordinator, 25 N. Cottonwood St., Courier #16CH, Woodland, CA 95695.

Save Pine Tree Gardens Committee

Preserving sustainable, supported housing for Yolo County family members and friends living with serious mental illness.

To: Karen Larsen, Director, HHSA, Yolo County
Brian Vaughn, Community Health Branch Director, HHSA, Yolo County

From: Save Pine Tree Gardens Committee: Dorothy Callison, Mavonne Garrity, Phil Garrity, Petrea Marchand, Rick Moniz, Marilyn Moyle, Jeni Price, Cass Sylvia, Nancy Temple, Linda Wight, Kathy Williams-Fossdahl, Dian Vorters

RE: Questions and comments on Yolo County's draft 2020-2023 Three-Year Program and Expenditure Plan

Date: July 19, 2020

Thank you for the opportunity to provide comments on the Yolo County Mental Health Services Act 2020-2023 Three-Year Program and Expenditure Plan ("Three-Year Plan"). We greatly appreciate the hard work of you and your staff to engage with the community to develop this Three-Year Plan, especially with the additional stress and responsibilities added by the COVID-19 pandemic. We continue to urge you to postpone adoption of the Three-Year Plan until the September 1, 2020 Board of Supervisors meeting, as allowed by the Governor and the Legislature and requested in our July 13, 2020 letter (Attachment A) to ensure community and Local Mental Health Board questions and concerns are adequately addressed.

The Committee has eleven specific suggestions to change the plan and our Committee members have submitted questions separately. In general, we believe the MHSA Three-Year Plan does not adequately describe the link between the proposed expenditures and extensive and valuable feedback provided by the community, provide sufficient information to understand the rationale for programs and process of fund allocation, and provide performance measures to evaluate the past success of programs. It also does not fund a number of critical mental health services requested by the community.

We understand the time pressure your Department is under to move forward with new programs, but also understand there is significant pressure from the state to potentially use Mental Health Services Act (MHSA) funds for other purposes and/or to reduce the control counties have over expenditures. It is therefore critical that Yolo serve as model for the development of performance-based programs built with community feedback and support.

Overview of Recommendations

The Committee requests the following:

1. **Delay implementation of select new programs for up to one year to establish program descriptions, seek community feedback, and develop performance measures.** A delay of select programs for up to one year will ensure an efficient use of funds, provide a process for evaluating performance to guide program improvements in the future, allow the County time to establish a cash reserve policy for MHSA funds, reserve cash that can be used to fund programs if MHSA revenue declines in future years as a result of the recession, and free up funds for other important needs. The Committee does not recommend delaying the Crisis Services and Crisis Intervention Team or Peer-Run Housing.

2. **Establish a cash reserve policy.** Add an action to the MHSA Three-Year Plan to develop a clear cash reserve policy in the 2020-21 fiscal year, with input from the Local Mental Health Board and approval from the Board of Supervisors, and provide this policy in future Three-Year Plans to demonstrate how Yolo County will ensure three criteria are met: (1) spending MHSA resources so as to avoid reversion of funds while (2) meeting the needs in the County AND (3) maintaining a sufficient cash reserve to ensure that providers can be paid in a timely manner, unanticipated, short-term emergency needs can be met, and significant program cuts are not required at the end of three years.

3. **Set aside additional cash for the reserve.** Although the plan does not specifically provide the 2022-23 fund balance, the Committee calculated it as approximately $1.2 million, or 6% of annual operating expenses. The County should set aside additional funds consistent with the cash reserve policy to avoid cuts to programs if MHSA funds decline as a result of the recession.

4. **Establish measurable objectives and performance measures and include them in the Three-Year Plan.** The Committee recommends the County develop overall goals and measurable objectives for the entire MHSA program, as well as measurable objectives for each program (currently none of the program objectives are measurable), add the results of any existing performance measures to the Three-Year Plan prior to adoption, add a description of the proposed performance measurement process, set a deadline of June 30, 2021 to develop performance measures for the programs that do not have them, and create a line item and a program description in the plan to allocate significant resources to performance measurement and secure feedback from the community.

5. **Fund the housing data recommendations in 2019 Yolo County Board & Care Study.** The Committee recommends including funding in the Three-Year Plan to finance the recommendations related to collection of housing data for adults living with mental illness in the 2019 Yolo County Board & Care Study, which was paid for with MHSA funds. The information collected about housing data should also include a summary of all funding sources used for housing outside of MHSA and housing under construction with those funds.

6. **Fund case management services for non-FSP clients.** The Three-Year Plan states that case management services were one of the five key themes expressed by focus group attendees relevant to administrative services that need improvement. Quality case management services also can address the other four key themes where improvement is needed expressed by focus group attendees that include *Access, Transportation, Housing, Other Basic Needs and Predisposing Factors* (p. 38). The Committee has three specific requests related to improved case management: 1) provide information in Three-Year Plan proposed increase in funding for improved case management for FSP clients and/or provide increased funding; 2) provide improved case management for non-FSP clients, in particular adults with serious mental illness (SMI) who are living at Adult Residential Facilities; c) fund wrap-around services at Adult Residential Facilities.

7. **Fund staff at Supportive Living Services in Yolo County, including Homestead Cooperative, and further develop partnerships with the nonprofits that fund programs at Supportive Living Services.** Homestead Cooperative and similar Supportive Living Services are an important community resource and need additional support and services from MHSA funds. The County should also develop partnerships with Davis Community Meals, Yolo Community Care Continuum, and the Community Housing Opportunities Commission to identify priorities for Supportive Living Services managed by these nonprofits, including providing information generated from these partnerships to the Local Mental Health Board and the Board of Supervisors in every annual report on expenditure of MHSA funds.

8. **Allocate funding to purchase Pine Tree West.** Now that the County owns Pine Tree East, the County should also purchase Pine Tree West to ensure consistent management of the two homes.

9. **Provide more information about the $2 million in administration at HHSA in the Three-Year Plan.** For transparency, the Three-Year Plan should contain information about the number of positions, titles, salaries, MHSA duties, and whether the positions are fully or partially paid for with MHSA funds.

10. **Create a table to link community recommendations to programs.** With the current Three-Year Plan structure, it's impossible to link the community's recommendations to the programs proposed for funding. The Committee recommends creating a table similar to the attached (Attachment B) that demonstrates the link between the community's recommendations and the expenditures, as well as explains why some recommendations were not funded. The Committee has identified at least a dozen community recommendations listed in the Three-Year Plan that the Committee could not match up with a program based on the Three-Year Plan description. Either more information is needed to demonstrate how the community recommendation was addressed or an explanation as to why the recommendation was not funded should be provided for community review.

11. **Add a line item and program description for operation of Pine Tree East and West.** The County should provide a line item and program description for this $2.6 million expenditure, given it's a larger expenditure than some of the other programs that do have line items and program descriptions.

Justification for Recommendations

1. **Delay implementation of select new programs for up to one year to establish program descriptions, seek community feedback, and develop performance measures.** A delay of select programs for up to one year will ensure an efficient use of funds, provide a process for evaluating performance to guide program improvements in the future, allow the County time needed to establish a cash reserve policy for MHSA funds, and reserve cash that can be used to fund programs if MHSA revenue declines in future years as a result of the recession. It will also free up funds for other important needs over the next three years recommended by the Local Mental Health Board, including possible expenditures identified in this comment letter. The County is proposing to fund nine new programs for a total of $14 million over three years: Mental Health Crisis Service and Crisis Intervention Team (CIT) Training (3-year budget amount - $5,385,240), K-12 School Partnerships ($3,300,000), College Partnerships ($450,000), Cultural Competence ($2,572,221), Maternal Mental Health Access Hub ($300,000), Integrated Medicine Into Behavioral Health ($1,808,000), Crisis Now Learning Collaborative ($145,000), Peer-Run Housing ($250,000), and Central Regional WET Partnership ($85,000). Rather than fully fund all new programs in Year 1, the Committee suggests selecting appropriate programs and postponing them for up to one year to develop program descriptions, detailed budgets, and associated performance measures, as well as seeking Local Mental Health Board, Board of Supervisors, and community feedback on the structure prior to implementation in Year 2. The Committee does not recommend delaying the Crisis Service and Crisis Intervention Team Training or the Peer-Run Housing.

2. **Establish a cash reserve policy.** The Committee recommends adding an action to the MHSA Three-Year Plan to develop a clear cash reserve policy in the 2020-21 fiscal year, subject to approval by the Local Mental Health Board and the Board of Supervisors, and provide this policy in future Three-Year Plans to demonstrate how Yolo County will ensure it meets three criteria: (1) spending MHSA resources so as to avoid reversion of funds while (2) meeting the needs in the County AND (3) maintaining a sufficient cash reserve to ensure that providers can be paid in a timely manner, unanticipated, short-term emergency needs can be met, and significant program cuts are not required at the end of three years. The Save PTG recommends this policy because the County is currently proposing to use the majority of its cash reserve for expenditures on the new programs listed above, and have only a 6% cash reserve remaining at the end of 2022-23 (although this information is not directly provided, it can be inferred by the following information on page 76 and page 78):

    a. The total 19-20 project fund balance is $14,810,215 (p. 76)
    b. The plan projects $48,482,454 in revenue between FY 20-21 and FY 22-23 (p. 78)

c. The plan projects $62,063,175 in expenditures between FY 20-21 and FY 22-23 (p. 78)
d. The deficit is therefore $ 13,580,721.00 (calculated by subtracting c from b.
e. The 2022-23 fund balance is therefore $1,229,494 (calculated by subtracting d from a) for annual program expenditures of over $20 million, which is equal to 6%
f. The plan states there is only $514,069 in the prudent reserve (p. 76), but these funds can only be used with state Department of Mental Health approval so are not included in the cash reserve balance calculation

3. **Set aside additional cash for the reserve.** Although the plan does not specifically provide the 2022-23 fund balance, the Committee calculated it as approximately $1.2 million, or 6% of annual operating expenses. The County should set aside additional funds consistent with the cash reserve policy to avoid cuts to programs if MHSA funds decline as a result of the recession. Committee members directly experienced the severe impacts of the cuts to mental health programs funded by the Mental Health Services Act in 2008 and do not want this experience repeated again. The County ramped up hiring staff and contractors for new programs in 2006 (the Mental Health Services Act passed in 2004) and then had to lay people off and cut programs in 2008. County staff without seniority who had worked for two years to build new programs were laid off and County staff with seniority then were transferred to open positions in the Department, but not necessarily in their area of expertise. The result was a significant decline in mental health services.

4. **Establish measurable objectives and performance measures and include them in the Three-Year Plan.** The Committee recommends the County develop overall goals and measurable objectives for the entire MHSA program, as well as measurable objectives (currently none of the objectives are measurable) for each program, add the results of any existing performance measures to the Three-Year Plan prior to adoption, add a description of the proposed performance measurement process, set a deadline of June 30, 2021 to develop performance measures for the programs that do not have them, and create a line item and a program description in the plan to allocate significant resources to performance measurement. (Marin County's 2017-2020 Plan provides a good example of how to succinctly incorporate performance measures into the plan – see Attachment C.) WIC Section 5848 states:

> "the plans shall include reports on the achievement of performance outcomes for services pursuant to Part 3 (commencing with Section 5800), Part 3.6 (commencing with Section 5840), and Part 4 (commencing with Section 5850) funded by the Mental Health Services Fund and established jointly by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, in collaboration with the County Behavioral Health Directors Association of California."

The draft Three-Year Plan does not currently include measurable objectives or performance outcomes to indicate results of past years' expenditures. The County MHSA Profile, beginning on page 93, serves only as a quantitative summary of MHSA expenditures, and does not measure impact of MHSA services. According to Public Health Director Brian Vaughn during

a July 10th Zoom meeting with the Committee, this issue is not unique to Yolo County and his division is allocating resources for both staff and a consultant to develop performance measures in the coming years. This expenditure is not a line item in the Three-Year Plan, nor is there a description of the proposed performance measurement process, so it's difficult to evaluate the adequacy of both the proposal and the financial commitment to performance measurement.

5. **Fund the housing data recommendations in the 2019 Yolo County Board & Care Study.** The Committee recommends including funding in the Three-Year Plan to fund the recommendations related to collection of housing data for adults living with mental illness in the 2019 Yolo County Board & Care Study. The County used 2017-2020 MHSA funds to complete the April 2019 Yolo County Board & Care Study, authored by Resource Development Associates, which included the following relevant recommendations:

   - **Improve data collection capacity to track the needs of Yolo County consumers**. Yolo HHSA may want to look for options to capture data on the housing status of behavioral health consumers that is more robust and supports gaining an accurate picture of the magnitude of need in the County for various housing options. Specifically, the County may benefit from data on the number of consumers who are receiving full service partnership services and are homeless or in insecure housing settings; the number of consumers on waitlists for the County's mental health transitional homes; and hospitalization data with the number of high utilizers who subsequently end up on conservatorship following multiple community-based placement efforts (p. 17).

   - **Institute a continuous quality improvement process that uses housing data to assess community needs on a semi-regular basis.** As a component of a more robust data system, we recommend keeping track of the County's efforts to increase the supply of housing and continually reassess the need. This will allow the County to gauge whether new housing options are having a positive impact for their consumers and will provide an ongoing mechanism to reassess the need for new housing options.

   The Committee appreciates the County's response to the Committee's question about using MHSA funding to pay for housing for adults living with mental illness on July 17, 2020, stating "Given the existence of other funding streams available to support housing for those with mental illness, the county has prioritized local MHSA funds to support service delivery." The Committee still requests that the County collect this data, per the recommendations in the Board and Care Study, to better inform decisions about the type of housing needed for adults living with mental illness in Yolo County. The information collected about housing data should also include a summary of all funding sources used for housing outside of MHSA and housing under construction with those funds.

   Please see the example table below which addresses some of the following questions:

- What is the breakdown of slots/beds available for the different levels of housing? How many of each facility/program currently exist in Yolo County?
- How many slots/beds are currently available at each facility/program in Yolo County?
- What are the categories of clients who are eligible for services at each facility/program (e.g. FSP vs. Non-FSP, TAY, Elderly, etc.)?
- What amount and proportion of MHSA funds (direct or indirect) are going to each of the housing facilities?
- How many clients are housed in out-of-county facilities and at what level of housing?
- What information is available to assess whether supply of slots/beds at each level is adequate for the demand?
- Assuming supply is insufficient, to what extent is the MHSA plan addressing the gaps?
- What other funding sources are available for housing and/or currenty in use to address gaps?

					Populations Served						
	Max duration of stay	Facility Name	City	Total number of slots/beds	SMI	non-SMI	FSP	non-FSP	Adults (18-59 yo)	Elderly (>60yo)	Minors (<18yo)
Social Rehabilitiation Programs (AKA Community Residential Treatment Systems)											
Short-term Crisis Residential Programs	3 months	TBD	TBD	TBD	☐	☐	☐	☐	☐	☐	☐
Transitional Residential Treatment Programs	18 months	TBD	TBD	TBD	☐	☐	☐	☐	☐	☐	☐
Mental Health Rehabillitaition Centers (AKA Long-term Residential Programs)	3 years	The Farmhouse	Davis	TBD	☐	☐	☐	☐	☐	☐	☐
Board and Care Homes											
Adult Residential Facilities	Indefinite	Pine Tree Gardens West	Davis	15	☑	☐	☑	☑	☑	☐	☐
		Pine Tree Gardens East	Davis	13	☑	☐	☑	☑	☑	☐	☐
Residential Care Facilities for the Elderly	Indefinite	TBD	TBD	TBD	☑	☐	☐	☐	☐	☑	☐
Supportive Living Services											
Supportive Living Services	Indefinite	Homestead Cooperative	Davis	TBD	☐	☐	☐	☐	☐	☐	☐
	Indefinite	Cesar Chavez Plaza	Davis	TBD	☐	☐	☐	☐	☐	☐	☐

6. **Fund case management services for non-FSP clients.** The Three-Year Plan states that case management services were one of the five key themes expressed by focus group attendees relevant to administrative services that need improvement. Attendees found that case management services are an important tool in helping mental health clients navigate resources available to them (p. 38-39). Quality case management services also can address the other four key themes where improvement is needed expressed by focus group attendees that include *Access, Transportation, Housing, Other Basic Needs and Predisposing Factors* (p. 38). The Committee also contends quality case management that direct clients with serious mental illness (both FSP and non-FSP) to needed resources can save County funds by reducing hospitalizations, police interactions, and homelessness. Additionally, having enough case management and on-

site support to respond quickly to escalating symptoms and reduce the risk of acute episodes in the community is a strong way to address the Yolo County priority of reducing stigma. The Committee has two specific requests related to improved case management:

a. ***Provide information in the Three-Year Plan regarding the proposed increase in funding for improved case management for FSP clients and/or provide increased funding.*** The Committee could not find evidence of increased case management personnel in the plan for FSP clients. HHSA verbally informed the Committee the plan contains increased case management through increased services for FSP clients, but the specific information is lacking in the Three-Year Plan.

b. ***Provide improved case management for non-FSP clients.*** While the Committee supports increased case management for FSP clients, the Committee finds this client category too narrow. There are severely mentally ill clients in the County who are dependent on 24/7 care (and would be at risk for homelessness without that care) that do not fit the County's standard of FSP and these clients lack case management services. (See discussion of the Homestead Cooperative in Recommendation #7.) The Committee notes that until recently, there were no case management services for the non-FSP population The County has recently allowed a hybrid case management service for these individuals for whom case management is allowed for specific discreet services ordered by a County psychiatrist, rather than for the whole individual. These clients are underserved, and the Committee finds this seriously inadequate. We propose that comprehensive case management services be made available to non-FSP clients with SMI, in particular those clients living at Adult Residential Facilities including Pine Tree Gardens (East and West houses). These comprehensive services would be of the kind currently available to FSP clients in which each client is assigned to one case manager for their comprehensive needs. n overwhelming majority of residents at PTG are non-FSP clients, although they are adults with SMI who would be at relatively high risk for hospitalization, incarceration or homelessness if they were not supported in the ARF to ensure the maximum opportunity for stability. As such, the Committee advocates for comprehensive case management services for these clients and/or a revaluation of the process for designating FSP clients that takes into account the risk mitigation achieved by care provided at ARFs.

c. ***Fund previously available wraparound services for clients at ARFs (both FSP and non-FSP).*** The Committee suggests including the development of a public-private partnership with the Save Pine Tree Gardens Committee to restore funding for wrapround services for ARFS in Yolo County, funded in part with MHSA funds. The Williams Family Pine Tree Gardens program success was built around the model of providing independent living skills classes, job coaching, and job opportunities that allowed residents to learn the skills needed for residents to voluntarily move from Pine Tree Gardens to Supportive Living

Services. After the Williams Family transferred Pine Tree Gardens to Turning Point Community Programs, Turning Point let all of these programs lapse. These programs are a critical part of the support needed to help residents achieve their goals to live as independently as possible.

7. **Fund staff at Supportive Living Services in Yolo County, including Homestead Cooperative, and further develop partnerships with the nonprofits that fund programs at Supportive Living Services.** Homestead Cooperative and similar Supportive Living Services are an important community resource and need additional support and services from MHSA funds The County should also develop partnerships with Davis Community Meals, Yolo Community Care Continuum, and the Community Housing Opportunity Corporation to identify priorities for Supportive Living Services managed by these nonprofits, including providing information generated from these partnerships to the Local Mental Health Board and the Board of Supervisors in every annual report on expenditure of MHSA funds. Defined as "long-term, 24-7 oversight, independent living support services providing assistance in a minimally restrictive setting, no medication administration" on p. 5 of the 2019 Board and Care Study, these Supporting Living Services, such as Cesar Chavez Plaza and Homestead Cooperative, are a critical part of the care continuum for adults living with mental illness. Supportive Living Facilities with full-time social workers (e.g. Cesar Chavez Plaza, which has a full-time and a half-time social worker paid for by Davis Community Meals) provide successful outcomes, while supportive living services without full-time staff (e.g. Homestead Cooperative) are experiencing severe difficulties supporting the adults in residence. Specifically, the program "CSS Adult Wellness Alternatives Non-FSP" should include money for a full-time social worker at Homestead Cooperative. Homestead houses up to 21 Yolo County clients without support. Some of these residents are using drugs, screaming during the middle of the night, isolating themselves, expressing delusions, and otherwise decompensating as a result of not receiving the support they need. One resident died by suicide last year.

8. **Allocate funding to purchase Pine Tree West.** Now the County owns Pine Tree East, the County should also purchase Pine Tree West to ensure consistent management of the two homes. Although the Committee has heard that North Valley Behavioral Health (soon to be operating PTG East and PTG West and interested in the potential purchase of Pine Tree West), the Committee would prefer the County purchase Pine Tree West for two reasons: (1) NVBH has its home office in Yuba City, Sutter County, almost an hour drive from Davis, which makes building repairs a long distance endeavor, whereas Yolo County can more easily keep a concerned eye on the property along with PTG's sister house, PTG East; (2) the April 2019 Yolo County Board And Care Study recommends on page 16 "to de-couple owner and operator" "to contribute to the model successes."

9. **Provide more information about the $2 million in administration at HHSA in the Three-Year Plan.** HHSA answered the Committee's question about the $2 million allocated to administration

over three years as follows, “Administration funding provides for staff time across HHSA to support MHSA components by respective responsibilities (e.g. fiscal administration, management, oversight). For transparency, the Three-Year Plan should contain information about the number of positions, titles, salaries, MHSA duties, and whether the positions are fully or partially paid for with MHSA funds.

10. **Create a table to link community recommendations to programs.** With the current Three-Year Plan structure, it’s impossible to link the community’s recommendations to the programs proposed for funding. The Committee recommends creating a table similar to the attached (Attachment B) that demonstrates the link between the community’s recommendations and the expenditures, as well as explains why some recommendations were not funded. The Committee has identified at least a dozen community recommendations listed in the Three-Year Plan that the Committee could not match up with a program based on the Three-Year Plan description. Either more information is needed to demonstrate how the community recommendation was addressed or an explanation as to why the recommendation was not funded should be provided for community review.

11. **Add a line item and program description for operation of Pine Tree East and West.** The County should provide a line item and program description for this expenditure, given it’s a larger expenditure than some of the other programs that do have line items and program descriptions. The County has verbally confirmed to the Committee that the Three-Year Plan includes up to $2.6 million for operation of Pine Tree East and West, but more information is needed.

RESPONSE:
The MHSA three-year planning process was started in May 2019 with a series of three monthly educational sessions through July 2019, followed by an extensive plan development process beginning in August 2019 and ending in January 2020. During this process over 500+ community residents and stakeholders representing a wide range of geographic and demographic communities participated in providing feedback to the plan. Their interests, priorities, and voice are represented in this plan. As a result, HHSA does not believe further delay in finalizing and implementing the plan is warranted at this time.

Furthermore, we believe additional delays beyond what has already happened as a result of COVID, risks undermining the broad community feedback that was received last fall and could jeopardize the timely implementation of new investments around expansion of Full Service Partnership (FSP) and K-12 school-based services at a time when they are in high demand due to the COVID pandemic.

In regards to allocating additional MHSA funding for housing, the Community Engagement Workgroup (CEWG) was made aware that while it was a highlighted priority for the community, that other funding streams existed to support this priority beyond MHSA. Given the existence of other funding streams, the county has prioritized local MHSA funds to support service delivery as intended. These services include significant investments in staffing to support permanent supportive housing. Additionally, in 2016, the state passed legislation that carved out a piece of local county MHSA funding (7%) specifically to fund No Place Like Home (NPLH) grants to support permanent supportive housing to mentally ill residents. There are 41 NPLH units located in West Sacramento and 29 units in Woodland, CA.

Over the course of the next three years several developments are planned, adding over 400 units for low/extremely low income individuals in Yolo County. More than half of these units are permanent supportive housing units which have services on site and available to residents. Some units are designated for persons experiencing homelessness but many are not. Some are also more short term in nature. We are prioritizing bringing people back to Yolo who have been placed elsewhere, whether that be an IMD or a Board and Care in another county along with the intended Peer-Run Housing Program. Pine Tree Gardens funding is included across the following: Adult Wellness Services, Pathways to Independence, and Older Adult Outreach and Assessment Programs. FSP programs provide case management services and the County does provide some case management services for non-FSP clients. Much of what will be provided at the navigation centers includes case management and linkage services. HHSA will include increased case management resources for non-FSP clients within the Adult Wellness Services Program. Additionally, we work with Beacon to provide ongoing therapy for clients who could benefit and are interested.

Through the state Mental Health Block Grant, we funded in FY19-20 and will again in FY20-21 a YCCC case manager to provide case management services at Homestead. Outcomes tracking from YCCC for FY19-20 showed these services were offered to all Homestead residents and this data will be shared once all outcome data has been pulled together.

RESPONSE CONTINUED: Administration funding provides for staff time across HHSA to support MHSA components by respective responsibilities (eg. Fiscal administration, Management, and Oversight).All Administration Branch staff are all funded the same, the costs of the Admin branch are allocated across all branches of HHSA. The Admin branch costs are paid for by the funding sources that pay for the other branches. This includes Federal, State, grants, realignment, MHSA, County General Fund, Intergovernmental Transfers, and fee/permit revenue. The County already has policies on cash and reserves, see https://insideyolo2.yolocounty.org/departments/county-administrator/administrative-policies-procedures. DFS controls amendments to these policies. During FY19/20 HHSA proposed amending the policy on fund balances and reserves to DFS to include an MHSA reserve in accordance with WIC 5847 and 5892 and DHCS Information Notice 19-037, but then the pandemic hit. During FY20/21 HHSA will make attempts to reestablish these policy revisions as a priority for DFS.

Regarding program evaluation and data, HHSA acknowledges it can do better with evaluating MHSA program outcomes. This is not unique to Yolo county and is a statewide issue, as counties have prioritized service delivery over additional administrative support costs. Nonetheless, HHSA understands the importance of investing in program evaluation and quality improvement, and therefore has already begun implementing Results Based Accountability (RBA) measures for all MHSA contracts and funded programs and will continue to do so with the new plan. Furthermore, HHSA has set aside funding in the new plan to bring in outside support to help with program evaluation and outcome assessments. HHSA is making edits to the plan to highlight these evaluation activities. Please see Yolo County MHSA Profile, page 94, for demographics and data on residents served, FSP outcomes, and prevention and early intervention programs.

HHSA is currently updating the plan to provide additional information to better illustrate the connection between the community feedback and program investments.

Save Pine Tree Gardens Committee

Preserving sustainable, supported housing for Yolo County family members and friends living with serious mental illness.

July 13, 2020

Gary Sandy
Chair, Yolo County Board of Supervisors
Sent via electronic mail

Nicki King
Chair, Local Mental Health Board
Sent via electronic mail

RE: Request for extension of public process for MHSA three-year program and expenditure plan

Dear Chair Sandy and Chair King:

The Committee is writing to you as local stakeholders invested in the effective expenditure of MHSA funds to best serve members of our community living with mental illness with a request to utilize the flexibility granted in the 2020-21 state budget to extend the public process for development of Yolo County's Mental Health Services Act Three-Year Program and Expenditure Plan ("Three-Year Plan"). The Three-Year Plan allocates $60 million for programs and housing in Yolo County over three years, including a $14 million fund balance. The funding is revenue from a tax on millionaires, passed by voters in 2004 as Proposition 63, specifically for the purpose of helping people living with mental illness.

As you may know, the Governor signed AB 81 in July 2020, a budget trailer bill that includes the following language related to Mental Health Services Act three-year program and expenditure plan:

"This bill would authorize a county that is unable to complete and submit a 3-year plan or annual update for the 2020-21 fiscal year due to the COVID-19 Public Health Emergency to extend the effective timeframe of its currently approved 3-year plan or annual update to include the 2020-21 fiscal year. The bill would require a county to submit a 3-year program and expenditure plan or annual update to the commission and the department by July 1, 2021."

According to Public Health Director Brian Vaughn during a July 10, 2020 call with the Committee, the County normally releases the draft three-year program and expenditure plan in March, but release was understandably delayed until the end of June as a result of the COVID-19 pandemic. The Committee therefore requests changes to the public process to extend the public process,

which currently involves approval by the Local Mental Health Board at the July 20, 2020 meeting and approval by the Board of Supervisors at the August 4, 2020 meeting. The existing process does not make sense given the late release of the plan. Comments from the public are due on July 19th, yet the Local Mental Health Board is scheduled to approve one day later. This process leaves no time for Yolo County staff to make changes to the plan in response to comments. The adopted state budget provides the County with much-needed flexibility to extend the public process to address exactly such a situation caused by COVID-19. The Committee instead recommends the following process:

July 13th: Special Local Mental Health Board meeting to discuss MHSA Three-Year Plan

July 19th: End of 30-day public comment period

July 20th: Special Local Mental Health Board meeting to receive verbal public comments and review written public comments

August 20th: Yolo County staff release updated MHSA Three-Year Plan reflecting changes requested by community and Local Mental Health Board

August 27th: Yolo County staff review changes with Local Mental Health Board and Local Mental Health Board considers approval of Three-Year Plan

September: Board of Supervisors considers approval of Three-Year Plan

As established by WIC § 5848, all submitted comments must be reviewed by the LMHB so they can make recommendations to the County, as applicable, for revisions. The LMHB must approve any recommended revisions by a majority vote at a public hearing. This requirement indicates the need for the draft Three-Year Plan to be on the agenda on at least two separate Local Mental Health Board meetings: one to hear public comments on the draft Three-Year Plan and one to approve any recommended revisions. Giving the Local Mental Health Board the month of August will help ensure the proposed expenditures are closely aligned with community needs, which is a heavy emphasis in the MHSA process.

We understand the County cannot implement new programs proposed in the 2020-2023 Three-Year Plan if it is not approved by the Board of Supervisors, although they are able to continue with existing programs. This is precisely the point of the request to extend the deadline. The community and the Local Mental Health Board need additional information to understand these new proposed expenditures, as well as the proposed use of the $14 million fund balance. The Committee provided a list of 19 initial questions about the proposed Three-Year Plan to Public Health Director Brian Vaughn on July 10, 2020 and expects to have more questions as the Committee develops its comment letter.

The Save Pine Tree Gardens Committee is grateful for the proposal to expend MHSA funds in the Three-Year Plan to help operate the two Pine Tree Gardens houses, but the Three-Year Plan as a

whole does not provide sufficient information for the public to evaluate the proposed expenditure plan for three major reasons:

- **Lack of connection between the focus groups and other stakeholder feedback and the proposed Three-Year Plan**. Starting on page 32, the draft Plan describes the community outreach and education process, in which Save Pine Tree Gardens Committee members participated, including the community engagement workgroup and focus groups. Starting on page 37, the plan describes the needs identified as a result of the focus groups. Starting on page 4, there are proposed solutions from the community, including an exercise described on page 46 that gave the community the ability to prioritize funding. Yet for the goals and objectives for the three-year plan, starting on page 48, there are no connections for each goal and objective back to the community feedback. A glaring omission is the request from the community to allocate funding for housing for the mentally ill, which is also a topic that has come up frequently during conversations between the Yolo County Health and Human Services Agency and the Save Pine Tree Gardens Committee. The County may transfer up to 20 percent of the Community Services and Supports funding to Capital Facilities and Technology every year, but it is not clear whether the Three-Year Plan is transferring the amount needed for housing to these categories.

- **Insufficient information to understand the expenditures.** The Program Plan section, beginning on page 47, provides 1-2-page descriptions of allocations of up to $18 million over three years. These descriptions do not draw connections to community needs or provide information about the success of continuing programs. Additionally, multiple proposed budget amounts listed in the Program Plan section are not represented or are inconsistent with amounts listed in the budget sections, pages 76-93.

- **Lack of measurable outcomes and objectives.** WIC § 5848 states the plan shall include a report on the achievement of performance outcomes for MHSA services. The draft Plan does not include performance outcomes to indicate results of past years' expenditures. The County MHSA Profile, beginning on page 93, serves only as a quantitative summary of MHSA expenditures, and does not measure *impact* of MHSA services. According to Public Health Director Brian Vaughn during the July 10th Zoom meeting, this issue is not unique to Yolo County and his division is allocating resources for both staff and a consultant to develop performance measures in the coming years. This expenditure is not a line item in the plan, however, so it's difficult to evaluate the adequacy of this financial commitment to meet the need.

Given these issues and the flexibility provided by the state budget trailer bill to extend the public process, the Committee respectfully requests the Board of Supervisors and the Local Mental Health Board adopt an updated public process to allow more time for discussion of these important priorities.

Sincerely,

Dorothy Callison
Leslie Carroll
Mavonne Garrity
Phil Garrity
Brian Parker
Petrea Marchand
Marilyn Moyle
Jeni Price
Nancy Temple
Cass Sylvia
Linda Wight
Kathy Williams-Fossdahl
Dian Vorters
Rick Moniz

cc: Members, Yolo County Board of Supervisors
Pat Blacklock, Yolo County Administrator
Karen Larsen, Director, Yolo County Health and Human Services Agency
Brian Vaughn, Yolo County Public Health Director

Community Need	Three-Year Plan Program	Funding Category	New Program?	Descripion of Link to Community Comment
SERVICES				
ACCESS				
General				
County should increase promptness of response to phone calls				
Improved customer service/welcoming atmosphere				
Service provision in preferred languages	Cultural Competence	PEI	New	
Reduce long waitlists				
Childcare support				
Accessibility of hours				
Transportation				
Embed services where people are				
Place services close to transit hubs				
Increase transpotation options				
Housing				
Need for mental health housing	Peer-Run Housing	CFTN	New	
Need for family housing				
Increased resources and linkages to housing	Adult Wellness Services			
Other Basic Needs				
Food				
Other basic needs				
Predisposing Factors				
Stress				
Genetics				
Racism				
Affluence				
Upstream forces				
NAVIGATION				
General				
Increased connection to services	Early Childhood Mental Health Access and Linkage	PEI	Continuing	
Improved knowledge of available services	Mental Health Professional Development	WET	Continuing	
Simplifying and improving information on website	IT Hardware/Software/Subscriptions Services	CFTN	Continuing	
Increasing County staff 's knowledge of the scope of services	IT Hardware/Software/Subscriptions Services, Mental Health Professional Development	CFTN, WET	Continuing, Continuing	
Case Management				
Improved case management services				

	INTEGRATED SERVICES						
		General					
			Need for integrated mental health, substance use and physical health services	Adult Wellness Services, Integrated Medicine into Behavioral Health	CSS, INN	Continuing, New	
			Need for accessibility within integrated services				
			Improved cooperation between departments	IT Hardware/Software/Subscriptions Services	CFTN	Continuing	
			Need for integrated services in schools, justice system, and other areas	K-12 School Partnerships	PEI	New	
	TELEHEALTH/MOBILE HEALTH						
		General					
			Need for distance support services	Tele-Mental Health Services	CSS	Continuing	
	RESPITE						
		General					
			Expanded respite care for people with mental health symptoms				
			Improved respite support for caregivers				
			Need for non-emergency crisis care and space	Community-Based Drop-In Navigation Center	CSS	Continuing	
	CRISIS RESPONSE						
		General					
			Need for crisis response services based in the community	Mental Health Crisis Service and Crisis Intervention Team Training, Crisis Now Learning Collaborative	CSS, INN	New/Modification, New	
	CLINICAL SERVICES						
		General					
			Increased clinical services for children and families	Children's Mental Health Services, Early Childhood Mental Health Access and Linkage Program	CSS, PEI	Continuing	
			Increased clinical services for houseless community members				
			Need for psychiatric services				
PREVENTION							
	EDUCATION						
		General					
			Expanded public education	Peer- and Family-Led Support Services	CSS	Continuing	
			Outreach to promote stigma reduction	Cultural Competence	PEI	New	
			Increase awareness of service availablity				

		Social Marketing/Media Campaigns					
			Need for strengths-based, destigmatizing messages				
	SUPPORT GROUPS						
		General					
			Provide broader basic prevention services				
			Targeted support groups for vulnerable populations	Senior Peer Counseling Program, Cultural Competence, Peer Workforce Development Workgroup	PEI, PEI, WET	Continuing, New, New	
			Targeted support groups for minorities	Cultural Competence	PEI	New	
		Peer Mentorship					
			Need for peer mentorship programs especially with young adults	Peer- and Family-Led Support Services, Community-Based Drop-In Navigation Center	CSS	Continuing	
	TRAINING						
		General					
			Need for community education on mental health symptons	Early Signs Training and Assistance	PEI	Continuing	
			Need for community education on crisis response	Early Signs Training and Assistance	PEI	Continuing	
			Specialized staff training on youth and family care	Early Signs Training and Assistance	PEI	Continuing	
			Specialized staff training on aging adult population care				
			Specialized staff training on disabled populations care				
			Training for first responders on de-escalation techniques	Mental Health Crisis Srevice and Crisis Intervention Team Training	CSS	New/Modification	
SPECIAL NEEDS POPULATION & CULTURAL COMPETENCY							
	STIGMA & CULTURAL COMPETENCY						
		Language					
			Use of language line by mental health staff				
			Increase language competence	Cultural Competence	PEI	New	

PROGRAM CONTINUATION	X	PROGRAM EXPANSION	X	NEW PROGRAM	

YOUTH EMPOWERMENT SERVICES (YES) FULL SERVICE PARTNERSHIP

PROGRAM OVERVIEW

Marin County's Youth Empowerment Services (YES) is a Full Service Partnership program (FSP) serving 40+ seriously high risk youth up to their twenty first birthday.

This program was originally implemented as a Children's System of Care grant in the late nineties. In FY2005-06 the Mental Health Services Act began supporting a major portion of the program which enabled the program to expand and hire Family Partners with lived experience with children who had been in the mental health system and/or the juvenile justice system.

The YES program aims to serve youth who do not have ready access to other mental health resources and are not typically motivated to seek services at more traditional mental health clinics. The YES model is a supportive, strengths based model with the goal of meeting youth and families in their homes and in the community to provide culturally appropriate mental health services with a 'whatever it takes' model, also known as wraparound services.

From beginning of the YES FSP program, notable outcomes include:

- Of youth with poor grades in the 12 months prior to enrollment or since enrollment in the FSP, 53% (n=72) demonstrated improvement in grades, with a 2.79 pre-enrollment average to 3.09 post-enrollment average.
- Of those with school attendance difficulties in the 12 months prior to enrollment or since enrollment in the FSP, 42% (n=166) achieved better attendance in the post FSP enrollment period.
- Of youth having been arrested in the 12 months prior to enrollment or since enrollment in the FSP, arrests following FSP enrollment decreased by 48% (n=52).
- For youth with school suspensions (n=139), rates since enrollment decreased by 93%.

TARGET POPULATION

YES serves youth up to age 21 who present with significant mental health issues that negatively affect their education, family relationships, and psychiatric stability which can often result in substance use. In FY2015-16 there were 43 unduplicated clients and most were under 18 (N=38, 88%) and male (N=25, 58%). Latino youth in particular made up the majority of the YES clients (N=35, 82%) followed by Caucasian/white (N=7, 16%). English was the preferred language for 88% of clients (N=37), while a large proportion of the parents preferred Spanish. Since FY2014-15 the YES Program has broadened the referral base beyond the original juvenile justice system to

include any seriously emotionally disturbed child or youth at risk for high end mental health services regardless of the system that originally served them.

PROGRAM DESCRIPTION

The YES model is a MHSA CSS strengths based model with the goal of meeting youth and families in their homes and in the community, in both the literal and figurative sense. The services incorporate a wraparound philosophy, utilizing a team approach to help families identify their needs and implement ways to address them successfully with on-going collaboration between clinicians, Family Partners and the child and family. Family Partners are parents who have had a child in the mental health or juvenile justice system and are able to engage and support the parent in a unique way because of their life experience, which a professional cannot. These partners provide support and guidance to parents in navigating the various systems and with parenting youth engaged in high-risk behaviors.

The YES program provides culturally appropriate mental health services, intensive case management, and psychiatric care, as well as collaboration with partner agencies (i.e., education, probation, drug court, etc.) to facilitate integrated care and ongoing family support. The FSP model includes the 'whatever it takes' philosophy which includes creative strategizing to maintain stability for clients and their families which may be supported by Flex Funds, to be used, for example, to support stable housing during a short term emergency. Flex Fund decisions are made by the wraparound team and must be in support of the mental health goals of the child and family as described in the Treatment Plan.

Latino youth continue to be over-represented in the juvenile justice system and at County Community School and in our Medi-Cal beneficiary population as a whole. Such clients with high needs are referred from schools or clinics or self-referred by a parent through our Access line. In FY2015-16 only two of the three clinical positions were filled so capacity was reduced. In FY2016-17 YES staffing consists of three (3) bilingual clinicians, one of whom is a Latino male working with students at Marin Community School, an alternative high school. This combination of YES staff provides both linguistic and cultural capability to address the diverse needs of the client population who face many challenges including trauma and environmental stressors. These clients have complex mental health issues on top of poverty, assimilation challenges, and the immigration status of other family members. However, the need for specialty mental health services for these children and youth with complex needs still outpaces the current staff resources.

PROPOSED PROGRAM EXPANSION

Goal: Expand the Youth Empowerment Services (YES) Full Service Partnership Program by 12 slots, from 40 to 52, by hiring an additional LMHP and a supervisor to accommodate the increasing need for intensive services for youth up to age 21 who present with significant mental health issues. Since these youth are not motivated to seek services in traditional mental health clinics a 'whatever it takes' individualized flexible treatment plan is at the heart of the approach for these youth. In addition some of these youth are experiencing first psychotic episodes and require intensive services early on with sufficient support of a full time supervisor in supporting evidenced based treatments for this vulnerable population. Since 82% of the YES youth identified as Hispanic in FY2015-16 it is highly desirable to provide increased cultural and linguistic capability when hiring an additional

LMHP and a supervisor to support these youth most effectively who face many challenges and environmental stressors.

Mental Health Practitioner: A clinician experienced in providing direct mental health services in a clinic or program with youth of color who are often marginalized and in need of a supportive, intensive, trauma focused model of treatment, especially those experiencing a first psychotic episode. This is a very challenging population and depending on their age and development require a clinician who understands the unique challenges in successfully engaging them.

Mental Health Unit Supervisor: An experienced clinician who has had experience in providing direct services to youth at risk and is able to plan, oversee, review and evaluate the YES Program and YES staff on a full time basis (currently there is only a part time supervisor). This supervisor would serve as a resource and consultant on daily activities as well as provide long term planning for the program, including outcome measures, in collaboration with the other Children's Mental Health supervisors and the Division Director.

EXPECTED OUTCOMES

In FY2015-16, the YES program served 43 clients with only 2 of the 3 clinical staff positions filled as noted above. Services provided to the 43 youth included assessment, case management and individual/family therapy, as well as family partner support and medication services. YES services helped prevent several youth from becoming homeless and also supported many clients to avoid psychiatric hospitalization. Because many YES clients present with significant emotional/behavioral challenges, at times resulting in psychiatric hospitalization, YES clinicians are available to provide intensive support during crises, as well as aid in discharge planning from the hospital.

To support our larger objective of decreasing barriers to service, most of the YES services were provided in schools and in clients' homes rather than in an outpatient office setting. Services were also provided at alternative sites like Marin Community School (a school for students at risk of academic failure) as well as in the community as appropriate.

The YES program also supports our outreach efforts to reach unserved and underserved communities. 82% of YES clients identify as Hispanic, with 12% (N=5) reported as primarily Spanish speaking. The YES program also serves clients who are newcomers or who immigrated to the US within the past few years. These clients often experience educational disruption, trauma, separation and significant loss, all the while having to navigate a new culture. In many cases, YES clients are bilingual, but family based services to parents often require a bilingual clinician in order to engage parents successfully.

Three areas of focus during FY2015-16 included identifying early psychosis, substance use and trauma for YES clients. Specific issues of trauma such as exposure to domestic violence, the experience of immigration trauma, and sexual abuse were salient issues in the YES client population. In FY2015-16 the YES staff began using the Child Adolescent Needs and Strengths tool (CANS) to assess and monitor specific areas of concern that should be the focus of clinical intervention. In FY2016-17, the CANS ratings for these factors will be monitored at regular intervals to assess individual progress and overall effectiveness of the program in addressing these needs.

PROGRAM CHALLENGES

In FY2015-16, The YES program remained understaffed for much of the year, at times with only one staff other times with two staff.

In FY2016-17, with a full complement of staff the YES program will serve at least 40 unduplicated clients and track the most frequent actionable items on the CANS to align training needs of staff with the clinical needs of the client. Staff has been trained in a software program that can show client progress, clinical areas of focus and the effectiveness of treatment. Staff has required and will continue to require ongoing support and consultation so as to effectively use this tool for the benefit of the client and program.

Currently, the YES Program has only a part time supervisor so the ability to monitor the quality and effectiveness of the program and provide timely consultation to staff in utilizing the CANS as effectively as possible in determining level of care and treatment planning and overall effectiveness of the program is challenging.

PROGRAM CONTINUATION	X	PROGRAM EXPANSION	X	NEW PROGRAM	

TRANSITIONAL AGE YOUTH (TAY) FULL SERVICE PARTNERSHIP

PROGRAM OVERVIEW

Marin County's Transition Age Youth (TAY) Program, provided by Sunny Hills Services is a full service partnership (FSP) for young people (16-25) with serious emotional disturbance or emerging mental illness. The TAY program provides independent living skills workshops, employment services, housing supports, and comprehensive, culturally appropriate, integrated mental health and substance use services. There is also a well-attended Partial program for youth who can take advantage of the group activities and ongoing social support. This Partial Program may be used as a step down for FSP participants on their way to a more independent path as well as outreach to youth who are just realizing the importance of connection and support in dealing with emerging mental illness.

TARGET POPULATION

The priority population is transitional age youth, 16-25 years of age, with serious emotional disturbances/serious mental illness which is newly emerging or for those who are aging out of the children's system, child welfare and/or juvenile justice system. Priority is also given to TAY who are experiencing first-episode psychosis and need access to developmentally appropriate mental health services. Research has shown there are significant benefits from early intervention with this high risk population. There is increased awareness that young people experiencing first episode psychosis symptoms should be engaged early and provided with a collaborative, recovery oriented approach through a multidisciplinary team Coordinated Specialty Care model. Untreated psychosis has been associated with increased risk for delayed or missed developmental milestones resulting in higher rates of unemployment, homelessness, reduced quality of life and a higher risk for suicide. First episode psychosis has become an area of focus across the mental health system of which TAY is an important partner.

Full Service Partnership Client Demographics FY2015-16

Age Group	# served	% of served
0-15 years old		
16-25 years old	28	100%
26-59 years old		
60+ years old		
TOTAL	**28**	**100%**
Race/Ethnicity		
White	13	
African American	3	
Asian	2	
Pacific Islander		
Native		
Hispanic	10	
Multi		
Other/Unknown		

Primary Language		
Spanish	2	
Vietnamese	1	
Cantonese		
Mandarin		
Russian		
Farsi		
Arabic		
English	25	
Other		

PROGRAM DESCRIPTION

The TAY Program is a Full Service Partnership (FSP) providing young people (16-25 yr. old) with 'whatever it takes' to move them toward their potential for self-sufficiency and appropriate independence, with their natural supports in place from their family, friends and community. Initial outreach and engagement is essential for this age cohort who is naturally striving toward independence and face more obstacles due to their mental illness than the average youth. Independent living skills, employment services, housing supports, and comprehensive, culturally appropriate, integrated mental health and substance use services are available through the TAY Program which strives to be strengths based, evidence based and client centered. A multi-disciplinary team provides assessment, individualized treatment plans and linkages to needed supports and services, as well as, coordinated individual and group therapy and psychiatric services for TAY participants.

This goal of the program is to provide treatment, skills-building and a level of self-sufficiency needed to manage their illness and accomplish their goals, thus avoiding high end services, incarceration and homelessness. In addition, partial services, such as drop-in hours and activities, are available to TAY FSP as well as those not yet a full service partner who are given the opportunity to explore how a program such as TAY could support them.

Partial services are provided on a drop-in basis to full and partial clients. These services include an Anxiety Management Group, cooking groups, no cost physical activities such as hikes led by staff and job support and coaching. These activities provide a forum for healthy self-expression, an opportunity for participants to expand their cultural horizons, and a place to for them to practice

their social skills. A regular Family Support Group for families of TAY with mental health illness and substance use, whether or not their child is enrolled in the TAY programs is provided by a TAY staff in both Spanish and English. The monthly TAY calendar of activities is available in English and Spanish.

EXPECTED OUTCOMES

In FY2015-16, there were 28 unduplicated FSP clients in the TAY Program. Currently 14 of the FSP's receive psychiatric medication support directly through the TAY Program and 25% receive individual therapy (N=7). Approximately 70% attended independent living skills activities.

Outcomes	Goal
Number of clients served: • FSP • Partial/drop-in	 24 60
FSP clients engaged in work, vocational training or school.	55%
FSP clients engaged in activities designed to improve independent living skills.	60%
FSP clients screened for substance use.	100%
Clients identified as having substance use issues that receive substance use services.	50%

Only three clients were identified as having substantial risk for alcohol and drugs which is 11% and two of the three or 66% accepted substance use services but the number is so small that the percentage is meaningless. However, one of the two clients worked with an AA sponsor outside of TAY and the other collaboratively developed a plan with their individual case manager. It is believed that many denied use and/or under reported, specifically the use of marijuana/medical marijuana which was frequently explored in drop in activities and groups utilizing Motivational Interviewing (MI) techniques. The challenge, through MI and Seeking Safety groups, will be to increase awareness of the impact alcohol and drug use has on their lives and wellbeing and to support these youth through the stages of change as appropriate.

PERFORMANCE GOALS

- The TAY program will maintain 95% capacity (19 clients) or higher of FSP clients by active outreach and engagement, in collaboration with the BHRS TAY liaison.
- The program will have served at least 45 unduplicated clients in the drop in center with active outreach and engagement by TAY Program staff. at least 60% of FSP will have participated in at least one drop in activity.
- 70% of Full Service TAY members will have engaged in either work, vocational training or school.
- 50% of FSP will have attended two or more activities designed to improve their independent living skills.
- Ongoing assessment and interventions related to clients' needs/issues with substance use and safety. 100% of FSP clients will receive alcohol and drug screening. Clients identified

with possible substance use issues will receive further assessment, and when indicated, intervention and treatment services.

- Maintain full occupancy (two FSP) 80% of the time.

PROPOSED EXPANSION

The recent trend of referrals of 17 and 19-year olds immediately following a First Psychotic Episode (FEP), require an extraordinary amount of coordination and delivery of services. In order to provide the core functions of a Coordinated Care Model in collaboration with the county FEP Project a (0.5 FTE) Clinical Case Manager would need to be added. This increased staffing resource would also allow an increase of four FSP slots in the TAY Program. The TAY Program is often at capacity and therefore the proposed expansion of four new slots would increase capacity to 24 FSPs, to better meet client need pending approval of the MHSA Three Year Plan.

PROGRAM CONTINUATION [X] PROGRAM EXPANSION [ ] NEW PROGRAM [ ]

SUPPORT AND TREATMENT AFTER RELEASE (STAR) PROGRAM
FULL SERVICE PARTNERSHIP

PROGRAM OVERVIEW

The Marin County Support and Treatment After Release (STAR) Program has been an MHSA-funded Full Service Partnership serving adults with serious mental illness who are at risk of incarceration or re-incarceration since 2006. The goals of the program are to promote recovery and self-sufficiency, improve the ability to function independently in the community, reduce incarceration, and reduce hospitalization.

The STAR Program was originally implemented in 2002 through a competitive Mentally Ill Offender Crime Reduction Grant (MIOCRG) awarded by the California Board of Corrections. A collaborative effort that included the Sheriff's Department, Probation Department, Marin County Superior Court, San Rafael Police Department, Department of Health and Human Services-Division of Community Mental Health Services (CMHS), and Community Action Marin's Peer Mental Health Program, the program implemented an improved system for providing strengths-based modified assertive community treatment and support for adult mentally ill offenders with the goal of reducing their recidivism and improving their ability to function within the community. The STAR Program's unique combination of law enforcement's community policing, problem-solving approach, the county's clinical treatment delivery methods, and multi-disciplinary outreach and collaboration clearly demonstrated that Marin was able to effectively serve individuals who have been previously thought to be beyond help.

The initial grant that supported the program ended in June 2004. In March 2004, the Marin Community Foundation approved a grant to support continuation of the STAR Program for an additional 12 months. Key stakeholders and community partners fully supported the conversion of the STAR Program into a new full service partnership to continue serving the MIOCRG target population. During FY2005-06, the County Board of Supervisors provided bridge funding to continue the STAR Program until MHSA funding became available. This plus additional funding commitments from key partners in the program made it possible to build upon the initial success of the STAR Program to further the development of a comprehensive system of care for Marin's mentally ill offenders that consists of three critical components: 1) In-custody screening and assessment, individualized treatment and comprehensive discharge planning; 2) post-release intensive community-based treatment and services to support functioning and reduce recidivism, and 3) a mental health court – the STAR Court – to maximize collaboration between the mental health and criminal justice systems and ensure continuity of care for mental health court participants.

The re-design of the program incorporated the valuable experiences and lessons learned from the MIOCRG-funded services and in 2006, the STAR Program was approved as a new full service partnership providing culturally competent intensive, integrated services to 40 mentally ill offenders. Operating in conjunction with Marin's mental health court – the STAR Court – the program was

designed to provide comprehensive assessment, individualized client-centered service planning, and linkages to/provision of all needed services and supports.

A substantial percentage of program participants present with co-occurring substance use disorders, increasing the risk for suicide, aggressive behavior, homelessness, incarceration, hospitalization and serious physical health problems. Studies have documented the effectiveness of an integrated approach to individuals with co-occurring psychiatric and substance use disorders, in which the mental illness and substance use disorder are treated by the same clinician or team. In 2011 the program added a part-time substance use specialist who provides assessments and consultation to the team, as well as facilitates a weekly treatment group for program participants with co-occurring substance abuse disorders. This position is expected to provide integrated substance use services to 15-20 program participants annually.

Originally all program enrollees were required to agree to participate in STAR Court. This presented an obstacle to enrollment for some individuals who would clearly benefit from the program's services. In 2011 the program expanded to serve and additional 15 clients without the requirement of participation in STAR Court. Hopefully removing the court requirement will also allow the STAR Program to engage and enroll a more diverse participant population.

In 2012 the program added Independent Living Skills (ILS) training for targeted STAR clients. These services facilitate independence and recovery by providing training in specific activities of daily living essential to maintaining stable housing and greater community integration, including self-care, housecleaning, shopping, preparing nutritious meals, paying rent and managing a budget. ILS training is expected to be provided to 4-5 program participants annually.

Beginning in 2011, the program began providing CIT Training, a 32-hour training program for police officers to enable them to more effectively and safely identify and respond to crisis situations and mental health emergencies. Through MHSA CSS funds this training is provided to 25-30 sworn officers annually.

TARGET POPULATION

The target population of the STAR Program is adults, transition-age young adults, and older adults with serious mental illness, ages 18 and older, who are currently involved with the criminal justice system and are at risk of re-offending and re-incarceration. Priority is given to individuals who are currently unserved by the mental health system or are so inappropriately served that they end up being incarcerated, often for committing "survival crimes" or other nonviolent offenses related to their mental illness. These individuals may or may not have a co-occurring substance use disorder and/or other serious health condition.

PROGRAM DESCRIPTION

The STAR Program is a Full Service Partnership providing culturally competent intensive, integrated services to 60 mentally ill offenders. As stated above, the goals of the program are to promote recovery and self-sufficiency, improve the ability to function independently in the community, reduce incarceration, and reduce hospitalization.

Operating in conjunction with Marin's Jail Mental Health Team and the STAR Court (mental health court), a multi-disciplinary, multi-agency assertive community treatment team comprised of professional and peer specialist staff provides comprehensive assessment, individualized client-

centered service planning, crisis management, therapy services, peer counseling and support, psychoeducation, employment services and linkages to/provision of all needed services and supports. Treatment for co-occurring substance abuse disorders is essential to successful recovery and is provided on a case-by-case basis. The team has a pool of flexible funding to purchase needed goods and services (including emergency and transitional housing, medications, and transportation) that cannot be otherwise obtained. The team's mental health nurse practitioner furnishes psychiatric medication to program participants under the supervision of the team psychiatrist. The team's mental health nurse practitioner also provides participants with medical case management, health screening/promotion and disease prevention services, and coordinates linkage to community-based physical health care services. The program also has a volunteer family member who brings the voice and perspective of families to the program and is available to provide outreach to family members of STAR Program participants.

EXPECTED OUTCOMES

Listed in the table below, the expected outcomes for the STAR Program are based on the goals of the program and remain unchanged The data for these measures are obtained from the Full Service Partnership dataset mandated by the State Department of Health Care Services and collected/reported by the STAR Program staff on a daily basis. Program staff will continue to explore methods for measuring self-sufficiency and recovery that will permit the program to evaluate its success in these key areas.

Outcomes	GOAL
Decrease in homelessness	75%
Decrease in arrests	75%
Decrease in incarceration	80%
Decrease in hospitalization	40%

PROPOSED CHANGES

This plan proposes an increase in administrative staffing. In recent years Behavioral Health and Recovery Services has expanded dramatically, and current resources are inadequate to provide prompt and reliable customer service and leads to inefficiencies in staffing patterns.

Additional support staffing would also allow for increased accuracy and consistency of data collection, and is expected to have a measureable impact on data quality and timeliness of reporting.

PROGRAM CONTINUATION [X] PROGRAM EXPANSION [ ] NEW PROGRAM [ ]

HELPING OLDER PEOPLE EXCEL (HOPE) FULL SERVICE PARTNERSHIP

PROGRAM OVERVIEW

The HOPE Program has been an MHSA-funded Full Service Partnership serving older adults with serious mental illness who are at risk of homelessness, hospitalization or institutionalization since 2007. The program is designed to provide community-based outreach, comprehensive geropsychiatric assessment, individualized client-centered service planning, and linkages to/provision of all needed services and supports by a multi-disciplinary, multi-agency team. The over-arching vision of the HOPE Program is "*Aging with dignity, self-sufficiency and in the life style of choice*". The goals of the program are to promote recovery and self-sufficiency, maintain independent functioning, reduce isolation and avoid institutionalization.

Prior to implementation of MHSA, Marin County did not operate a comprehensive integrated system of care for older adults with serious mental illness. Due to limited resources and service capacity, the existing Older Adult Services County mental health program had been unable to provide much more than assessment and peer support services. Of all the age groups served by Marin's public mental health services, older adults had received the least services and had the lowest penetration rates, despite the fact that they constituted the fastest growing age cohort in Marin.

Key stakeholders and community partners had consistently agreed that Marin needed to more comprehensively address the needs of older adults who have serious mental illness, and they strongly supported the creation of a new full service partnership as a critical step toward an integrated system of care for this population. In 2006, Marin's HOPE Program was approved as a new MHSA-funded full service partnership providing culturally competent, intensive, integrated services to 40 priority population at-risk older adults. Older adults were identified to be Marin's fastest growing population and comprise 24% of the total population. By 2014, demand for HOPE Program services had exceeded its capacity, and MHSA funding was used to add a full-time Spanish speaking clinician to the assertive community treatment team. This enabled the program to enroll an additional 15 individuals, bringing the capacity of the Full Service Partnership to 50.

In 2014 the program was also expanded to provide increased outreach to at-risk Hispanic/Latino older adults by increasing the hours of the Spanish-speaking mental health clinician supporting and supervising the Amigos Consejeros a su Alcance (ACASA) component of the Senior Peer Counseling Program. These additional hours are used to outreach into the community to increase awareness of the mental health needs of Hispanic/Latino older adults and their families, and the services that ACASA and the HOPE Program offer. ACASA is expected to identify and engage with 5 new monolingual community liaisons annually. It is also anticipated that the addition of Spanish-speaking capacity to the Full Service Partnership will facilitate the identification, engagement, and enrollment of at-risk Hispanic/Latino older adults who have serious mental illness and have been unserved or underserved by the Older Adult System of Care.

Also in 2014, the program was also expanded to provide Independent Living Skills (ILS) training for targeted HOPE clients. These services facilitate independence and recovery by providing training in

specific activities of daily living essential to maintaining stable housing and greater community integration, including self-care, housecleaning, shopping, preparing nutritious meals, paying rent and managing a budget. ILS training is expected to be provided to 4-5 program participants annually.

TARGET POPULATION

The target population of the HOPE Program is older adults with serious mental illness, ages 60 and older, who are currently unserved by the mental health system, who have experienced or are experiencing a reduction in their personal or community functioning and, as a result, are at risk of hospitalization, institutionalization or homelessness. These older adults may or may not have a co-occurring substance abuse disorder and/or other serious health condition. Transition age older adults, ages 55-59, may be included when appropriate.

PROGRAM DESCRIPTION

The Hope Program is a full service partnership that provides culturally competent intensive, integrated services to 50 priority population at-risk older adults. The program is strengths-based and focused on recovery and relapse prevention, seeking out participants and serving them wherever they may be. As stated above, the goals of the program are to promote recovery and self-sufficiency, maintain independent functioning, reduce isolation and avoid institutionalization.

The HOPE Program's multi-disciplinary assertive community treatment team provides comprehensive assessment, individualized client-centered service planning, crisis management, therapy services, peer counseling and support, psychoeducation, assistance with money management, and linkages to/provision of all needed services and supports. Treatment for co-occurring substance abuse disorders is essential to successful recovery and is provided on a case-by-case basis. The team has a pool of flexible funding to purchase needed goods and services (including emergency and transitional housing, medications, and transportation) that cannot be otherwise obtained.

The team's mental health nurse practitioner furnishes psychiatric medication to program participants under the supervision of the team psychiatrist. The team's mental health nurse practitioner also provides participants with medical case management, health screening/promotion and disease prevention services, and coordinates linkage to community-based physical health care services.

Because of the stigma associated with mental health issues for older adults in general, mental health issues often reach crisis proportions and require emergency medical and psychiatric care before they seek help. Outreach services are critical for engaging these individuals before they experience such crises. Marin's highly successful Senior Peer Counseling Program, staffed by older adult volunteers and the County mental health staff who support and supervise that program, has been integrated into the team and provides outreach, engagement, and support services. In addition, the Senior Peer Counseling Program provides "step-down" services to individuals ready to graduate from intensive services.

EXPECTED OUTCOMES

Listed in the table below, the expected outcomes for the HOPE Program are based on the goals of the program and remain unchanged. The data for these measures are obtained from the Full Service Partnership dataset mandated by the State Department of Health Care Services and collected/reported by the HOPE Program staff on a daily basis. Program staff will continue to explore age-appropriate methods for measuring self-sufficiency and isolation that will permit the program to evaluate its success in these key areas.

Outcomes	GOAL
Decrease in homelessness	75%
Decrease in hospitalization	50%

PROGRAM CONTINUATION [X] PROGRAM EXPANSION [ ] NEW PROGRAM [ ]

ODYSSEY PROGRAM (HOMELESS) FULL SERVICE PARTNERSHIP

PROGRAM OVERVIEW

The Odyssey Program has been an MHSA-funded Full Service Partnership serving adults with serious mental illness who are homeless or at-risk of homelessness since 2008. The goals of the program are to promote recovery and self-sufficiency, improve the ability to function independently in the community, reduce homelessness, reduce incarceration, and reduce hospitalization.

Following the loss of AB2034 funding for Marin's Homeless Assistance Program which had been in operation since 2001, key stakeholders and community partners fully supported the creation of a new Full Service Partnership, the Odyssey Program, to continue serving the AB2034 target population. Over the course of its existence, Marin's AB2034 program demonstrated significant success in assisting adults with serious mental illness who were homeless to obtain and maintain housing, despite the County's very challenging housing environment, and to avoid incarceration and hospitalization. The design of the new program incorporated the valuable experiences and lessons learned from the AB2034-funded services and in 2007, the Odyssey Program was approved as a new MSHA-funded CSS Full Service Partnership providing culturally competent intensive, integrated services to 60 priority population adults who were homeless or at-risk of homelessness. The Odyssey Program was designed to provide comprehensive assessment, individualized client-centered service planning, and linkages to/provision of all needed services and supports by a multi-disciplinary, multi-agency team.

A substantial percentage of program participants present with co-occurring substance use disorders, increasing the risk for suicide, aggressive behavior, homelessness, incarceration, hospitalization and serious physical health problems. Studies have documented the effectiveness of an integrated approach to individuals with co-occurring psychiatric and substance use disorders, in which the mental illness and substance use disorder are treated by the same clinician or team. In 2011 the program added a part-time substance use specialist who provides assessments and consultation to the team, as well as facilitates a weekly treatment group for program participants with co-occurring substance abuse disorders. This position is expected to provide integrated substance use services to 15-20 program participants annually.

In 2012 the program added Independent Living Skills (ILS) training for targeted ODYSSEY clients. These services facilitate independence and recovery by providing training in specific activities of daily living essential to maintaining stable housing and greater community integration, including self-care, housecleaning, shopping, preparing nutritious meals, paying rent and managing a budget. ILS training is expected to be provided to 4-5 program participants annually.

Beginning in 2011 MHSA funds were used to fund emergency housing in a 2-bedroom apartment for program participants who are homeless to provide a safe place for residents to live while seeking permanent housing. While in the emergency housing, program participants are able to save money for security and rent deposits and can work closely with program staff to develop budgeting and

living skills needed for a successful transition to independent living. Emergency housing serves 5-10 program participants annually.

In 2014 Odyssey implemented a "Step-Down" component, staffed by a Social Service Worker with lived experience and a Peer Specialist and targeting individuals already enrolled in the program who no longer need assertive community treatment services, but continue to require more support and service than is available through natural support systems. This program did not achieve the intended outcomes. Since implementation, the team has been challenged by needing to provide frequent transfers between this component and the assertive community treatment component of the team. Marin proposes to re-structure both components by integrating the two services in support of participants being able to access services at different intensities, depending on their needs, without the need to transfer between two separate FSP components.

TARGET POPULATION

The target population of the Odyssey Program is adults, transition age young adults and older adults with serious mental illness, ages 18 and older, who are homeless or at-risk of homelessness due to their mental health challenges. Priority is given to individuals who are unserved by the mental health system or are so underserved that they end up homeless or at risk of becoming homeless. These individuals may or may not have a co-occurring substance abuse disorder and/or other serious health condition.

PROGRAM DESCRIPTION

The Odyssey Program is a Full Service Partnership that provides culturally competent intensive, integrated services to 80 priority population at-risk adults. The program is strengths-based and focused on recovery and relapse prevention, seeking out participants and serving them wherever they may be. As stated above, the goals of the program are to promote recovery and self-sufficiency, improve the ability to function independently in the community, reduce homelessness, reduce incarceration, and reduce hospitalization.

A multi-disciplinary, multi-agency assertive community treatment team comprised of professional, para-professional and peer specialist staff provides comprehensive assessment, individualized client-centered service planning, crisis management, therapy services, peer counseling and support, medication support, psychoeducation, employment services, independent living skills training, assistance with money management, and linkages to/provision of all needed services and supports. Treatment for co-occurring substance abuse disorders is essential to successful recovery and is provided on a case-by-case basis. The team has a pool of flexible funding to purchase needed goods and services (including emergency and transitional housing, medications, and transportation) that cannot be otherwise obtained.

The team's mental health nurse practitioner furnishes psychiatric medication to program participants under the supervision of the team psychiatrist. The team's mental health nurse practitioner also provides participants with medical case management, health screening/promotion and disease prevention services, and coordinates linkage to community-based physical health care services.

The program's part-time employment specialist provides situational assessments, job development and job placement services for program participants, and coordinates services with other vocational rehabilitation providers in the county. Where appropriate, participants are assisted to enroll in the

Department of Rehabilitation to leverage funding for additional vocational services, including job coaching.

EXPECTED OUTCOMES

Listed in the table below, the expected outcomes for the Odyssey Program are based on the goals of the program and remain unchanged The data for these measures are obtained from the Full Service Partnership dataset mandated by the State Department of Health Care Services and collected/reported by the Odyssey Program staff on a daily basis. Program staff will continue to explore methods for measuring self-sufficiency and recovery that will permit the program to evaluate its success in these key areas.

Outcomes	GOAL
Decrease in homelessness	80%
Decrease in arrests	50%
Decrease in incarceration	60%
Decrease in hospitalization	40%

PROPOSED CHANGES

This plan proposes an increase in administrative staffing. In recent years Behavioral Health and Recovery Services has expanded dramatically, and current resources are inadequate to provide prompt and reliable customer service and leads to inefficiencies in staffing patterns. Additional support staffing would also allow for increased accuracy and consistency of data collection, and is expected to have a measureable impact on data quality and timeliness of reporting.

PROGRAM CONTINUATION [ ] PROGRAM EXPANSION [ ] NEW PROGRAM [X]

INTEGRATED MULTI-SERVICE PARTNERSHIP ASSERTIVE COMMUNITY TREATMENT (IMPACT) FULL SERVICE PARTNERSHIP

PROGRAM OVERVIEW

In recent years, the Marin County Adult System of Care has struggled with an increasing number of individuals with serious mental illness who are in need of more intensive services than those offered by either of the integrated clinics. This plan proposes the addition of a Full Service Partnership specifically targeting those who do not necessarily fall into the one of the target populations of the current Full Service Partnerships: homeless (Odyssey), Older Adults (HOPE), or involved with the criminal justice system (STAR). The goals of the Integrated Multi-Service Partnership Assertive Community Treatment (IMPACT) Full Service Partnership will be to promote recovery and self-sufficiency, improve the ability to function independently in the community, reduce homelessness, reduce incarceration, and reduce hospitalization.

PROGRAM DESCRIPTION

The IMPACT FSP will provide culturally competent intensive, integrated services to thirty (30) priority population at-risk adults. The program will be strengths-based and focused on recovery and relapse prevention, seeking out participants and serving them wherever they may be. As stated above, the goals of the program are to promote recovery and self-sufficiency, improve the ability to function independently in the community, reduce homelessness, reduce incarceration, and reduce hospitalization.

Following the Assertive Community Treatment model, a diverse multi-disciplinary team will be developed to provide comprehensive "wrap-around" services for individuals in need of the highest level of outpatient services. Staffing will be comprised of mental health clinicians, Peer Specialists, Family Partners, para-professionals, psychiatry and Nurse Practitioners. Services will include comprehensive assessment, individualized client-centered service planning, crisis management, therapy services, peer counseling and support, medication support, psycho-education, employment services, independent living skills training, assistance with money management, and linkages to/provision of all needed services and supports. Treatment for co-occurring substance abuse disorders is essential to successful recovery and will be provided on a case-by-case basis. The team will have a pool of flexible funding to purchase needed goods and services (including emergency and transitional housing, medications, and transportation) that cannot be otherwise obtained.

TARGET POPULATION

The target population of the proposed program is adults, transition age young adults and older adults with serious mental illness, ages 18 and older, which are un-served by the mental health system or are so underserved that they are unable to stabilize in the community without additional

support. These individuals may or may not have a co-occurring substance abuse disorder and/or other serious health condition.

EXPECTED OUTCOMES

Listed in the table below, the expected outcomes are based on the goals of the program. We expect to serve up to forty (40) 18+ year old adults. The data for these measures are obtained from the Full Service Partnership dataset mandated by the State Department of Health Care Services and collected/reported by the program staff on a daily basis. Program staff will explore methods for measuring self-sufficiency and recovery that will permit the program to evaluate its success in these key areas.

Outcomes	Goal
Decrease in homelessness	25%
Decrease in arrests	50%
Decrease in incarceration	60%
Decrease in hospitalization	40%

RESPONSE:

The MHSA three-year planning process was started in May 2019 with a series of three monthly educational sessions through July 2019, followed by an extensive plan development process beginning in August 2019 and ending in January 2020. During this process over 500+ community residents and stakeholders representing a wide range of geographic and demographic communities participated in providing feedback to the plan. Their interests, priorities, and voice are represented in this plan. As a result, HHSA does not believe further delay in finalizing and implementing the plan is warranted at this time.

Furthermore, we believe additional delays beyond what has already happened as a result of COVID, risks undermining the broad community feedback that was received last fall and could jeopardize the timely implementation of new investments around expansion of Full Service Partnership (FSP) and K-12 school-based services at a time when they are in high demand due to the COVID pandemic.

In regards to allocating additional MHSA funding for housing, the Community Engagement Workgroup (CEWG) was made aware that while it was a highlighted priority for the community, that other funding streams existed to support this priority beyond MHSA. Given the existence of other funding streams, the county has prioritized local MHSA funds to support service delivery as intended. These services include significant investments in staffing to support permanent supportive housing. Additionally, in 2016, the state passed legislation that carved out a piece of local county MHSA funding (7%) specifically to fund No Place Like Home grants to support permanent supportive housing to mentally ill residents. There are 41 NPLH units located in West Sacramento and 29 units in Woodland, CA.

Over the course of the next three years several developments are planned, adding over 400 units for low/ extremely low income individuals in Yolo County. More than half of these units are permanent supportive housing units which have services on site and available to residents. Some units are designated for persons experiencing homelessness but many are not. Some are also more short term in nature. We are prioritizing bringing people back to Yolo who have been placed elsewhere, whether that be an IMD or a Board and Care in another county along with the intended Peer-Run Housing Program. Pine Tree Gardens funding is included across the following: Adult Wellness Services, Pathways to Independence, and Older Adult Outreach and Assessment Programs.

Regarding program evaluation and data, HHSA acknowledges it can do better with evaluating MHSA program outcomes. This is not unique to Yolo county and is a statewide issue, as counties have prioritized service delivery over additional administrative support costs. Nonetheless, HHSA understands the importance of investing in program evaluation and quality improvement, and therefore has already begun implementing Results Based Accountability (RBA) measures for all MHSA contracts and funded programs and will continue to do so with the new plan. Furthermore, HHSA has set aside funding in the new plan to bring in outside support to help with program evaluation and outcome assessments. HHSA is making edits to the plan to highlight these evaluation activities. Please see Yolo County MHSA Profile, page 94, for demographics and data on residents served, FSP outcomes, and prevention and early intervention programs.

Lastly, HHSA is currently updating the plan to provide additional information to better illustrate the connection between the community feedback and program investments.

Fabian Valle

From: Antonia Tsobanoudis <antonia.tsobanoudis@gmail.com>
Sent: Monday, July 20, 2020 1:42 PM
To: MHSA
Cc: Don Saylor
Subject: My Comments of the Draft MHSA 3-yr Plan
Attachments: MHSAPublicCommentFY2020_AT.pdf; AT Comments MHSA 2020-2023.xlsx

To Whom It May Concern,

Please find attached my 6-page comments in PDF form on the draft MHSA 3-yr Plan. I recognize I have been heavy on the writing edits and while I am not trying to tell anyone how to write the report, there are just some professional, or in my case technical, writing techniques that I have been trained to catch. So, being that it is a draft I thought it the best time to mention these distractions I had in reading the Report. I did give up steam around page 54, so there are many edits I did not mention after that.

I tried to organize my comments with my more general ones at the top of Page 2, but there exist some substance comments in with the writing edits ordered by page number of the Report.

Thank you for your time,
Antonia

antonia tsobanoudis
mobile: (530) 219-2021
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google voice: (916) 905-0646 (MHN)

COUNTY OF YOLO

Health and Human Services Agency

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

Public Comment Period—Friday June 19, 2020 through Monday July 20, 2020

Document Posted for Public Review and Comment:

MHSA Three-Year Program & Expenditure Plan FY 2020-2023

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

PERSONAL INFORMATION (optional)

Name: Antonia Tsobanoudis

Agency/Organization: self

Phone Number: (530) 219-2021 Email address: antonia.tsobanoudis@gmail.com

Mailing address: 1220 Olive Drive, Apt. #115, Davis, CA 95616

What is your role in the Mental Health Community?

X Client Consumer	_____ Mental Health Services Provider
X Family Member	_____ Law Enforcement/Criminal Justice Officer
_____ Educator	_____ Probation Officer
_____ Social Services Provider	X Other (Specify) MH volunteer, speaker

Please write your comments below:

If you need more space for your response, please feel free to submit additional pages.

As part of the Local Mental Health Board, I have been in a unique position to more closely follow the development of the MHSA 3-year Plan by being informed of and participating in Stakeholder WorkGroups, and seeing the detailed presentations made to the LMHB by Staff regarding MHSA over the last two and a half years.

I am impressed by the Report I am reviewing. It is easy to read (except for Figure 29) and is beautifully presented. Overall, I find it very comprehensive and superb in detailing how the selection process was achieved, though I have made some comments asking for more information like on budget and homelessness. The following attached pages detail my comments and include minor edits, and I recognize that some of them may be more appropriate to address than others.

Thank you for your time addressing my detailed review.

ease return your competed comment form to HHSA/MHSA before 5:00 P.M. on Monday July 20, 2020 in one of two ways:
- Scan and Email this completed form to MHSA@yolocounty.org, Subject: MHSA Plan Draft for FY 2020-2023 Comments
- Mail this form to HHSA/MHSA, Attn: MHSA Coordinator, 25 N. Cottonwood St., Courier #16CH, Woodland, CA 95695.

Page	Original	Suggestion/Comment
GEN	The budget is difficult to track from FY 19-20 and the previous 3-yr plan.	Include comparitve budget and program participation values for CONTINUING and MODIFIED programs so that any major changes can be tracked and better understood.
GEN	Homelessness	What are the other funding streams for homelessness? e.g. what, how, who are HHSA collaborators especially wrt subtantial sums? How much?
GEN	the use of the term "consumer" or "client" throughout	should consumer be replaced with client or patient in various places used throughout the report? I want to discuss here patient vs client vs consumer? If I receive physical therapy, I am that PT's patient. If I receive psychotherapy or even case management, I am a consumer? I like "consumer" much less than "client," or "mental health client." I'd prefer to be called a patient, but realize that could denote active treatment (from a doctor or other professional) or hopsitalization -- oh wait, all these programs described herein *are* active treatments and when I see my PCP I am their patient, either an inpatient or outpatient. Recommend to either stick to one "client" or "consumer" throughout the Report, or just switch now to patient, inpatient vs outpaitient if necessary for clarity, which is what I prefer as a patient in various stages of a fluid lifelong recovery.
GEN	Performance Measures	In 2015, I was involved in a press conference at the Steinberg Institute trying to dispell myths about Prop63 funding. There has to be some mechanisms in place by now to show the effectiveness of these programs. How come the Report does not give a few more details?
11	Figure 1, Stage 3 "…and recurrig episodes accompanies by"	Correct spelling errors. Change to "and recurring episodes accompanied by"
15	Right-most column, top bullet	Is AFI a foundation? So a partner to HHSA? Now I see page 16 explains a little further under housing. First mention of many, maybe a good place to introduce the full name of AFI.
17	Stigma & Cultural Competency	Consider using a period to separate the two thoughts in the right-most light grey bubble
17	Flexible Funding - Embed flexibility in contracts	Good, especially to respond to increased MH response due COVID concerns and decrease in 22-23 budget due to COVID
17	bottom right bubble, "Fund staffing…"	Remove one of the "staffing staffing" listed. Or use another verb or adjective since "staffing development" could be a term. Or add "for" so that "Fund staff(ing) for staffing development…"
22	First paragraph, last sentence	missing the later-referenced CDP (Census-designated Places) of Dunnigan, Esparto, and Knights Landing.
22	First paragraph, last sentence	Remove Conoway Ranch -- not listed as unincorporated or CDP in most references that I've researched; it is ag and wildlife reserves.
37	NUMBERS in Figure 29 are unclear.	Can split up table in two?, or add simply "(count)" to the end of the title to denote that the numbers represent how many times those issues were raised.

37	Figure 29. Funding	Funding was not an issue raised? But it is listed under the descriptive paragraph starting with "Several Primary Themes emerged..."? If not an issued raised by stakehodlers, then add an appropraite note under the Heading "Funding" or make up a subheading like "lack of funding" and put a zero after the periods.
37	Figure 29. Community and Others Headers	Community and Others should be more left indented to match the other primary themes that emerged as salient
37	Figure 29. Title, part "SIZE OF GROUPS"	It's starting to become clearer to me now, maybe noone else will put as much thought into it… instead of "SIZE OF GROUPS" in Title, you may be showing the "AMOUNT of PARTICIPANTS" or "AMOUNT OF CODE INCEDENCES IN GROUPS"? I'm just very confused by the figure. Maybe it is a count of the people who identified with or represented/brought-up these thematic codes, taking me back up to my previous comment regarding the numbers being unclear. At first, I thought they were page references and then I thought they may show the count of thematic codes referenced in the groups. If they show the amount of incidences a topic was raised as important, why not have them ranked in order of highest riased topics within the headers identified?
38	Through p 39, under "A. Services," "Five key themes...."	There are 7 themes numbered across the two pages under "Services". Change Five to Seven. Especially not to confuse them with the several primary thematic codes (services, prevention, special needs, funding, and community as outlined in Figure 29)?
38	through p 39, under 1) Access, 2) Navigation, 3) Integrated Services, 4) Telehealth/Mobile Health, 5) Respite, 6) Crisis Response, and 7) Clinical Services	these numbered themes do not match the thematic codes under Services from Figure 29. Some do, no order. Could be on purpose, a little distracting for me after how much time I put into Figure 29, maybe not a big deal.
39	At end of 3) Integrated Services	what are children's museums? Do we have any in Yolo? Maybe meant to read "children's schools?"
39	At the end of 6) Crisis Response… "mental health crisis in the field."	change "crisis" to plural: "crises."
40	under 3) Training	I have personally found, on numerous occasions, the first responders (especially PD) should listen to MH workers if their patient needs more help than is available through the worker, ie offering respite care, voluntary stays at Safe Harbor (Res Crisis House), or acute treatment at a behvioral health hospital. If the clinician cannot place a 5150 hold but recommends it--sees their patient as sick gravely disabled, the officer should communicate with said clinician to place the hold especially if the patient is involuntary to treatment.
40	at end of bullet -> Language under 1) Stigma and…	add a qualifier: "...language line, or interpretation service, at a" or capitalize Language Line if that's its name
41	Sentence spanning bottom middle to top right of p 41 "Other services…includes"	change to "include"

42	under D. Funding 3) Flexible Funding "….(such as those discussed above) …"	please elaborate, unclear - Section or page number reference maybe?
42	E. Infrastructure	not introduced at all in beginning of section page 37 … as Figure 29 points out, a header labeled "Community" may be called and renamed to "Infrastructure"
42	E. Infrastructure middle of 2) Support new contractors: "… have possibly not previously …"	Rephrase sentence, hard to read the split "have not"
43	under A. Basic Needs "...homeless people..."	Replace with "people experiencing homelessness"
43	under A. Basic Needs "Improve support for housing needs. "	Add "Provide support to prevent homelessness." OR "Prevent homelessness."
43	through p 44, under B. Children, Youth, & Families, C. Top left on p 44, F. Prevention some, and G, many under H. Funding & Capacity Bldg	Some (~20) bullets missing a leading verb… Should we clarify more with an appropriate verb like most other bullets on pages? And not always ujust "Provide"
44	under C. Services Access " > Recognize the role of physical health in mental health."	add "and proper nutrition" so that it reads "Recognize the role of physical health and proper nutrition in mental health."
44	first bullet under D. Community-Based Services "> Provide mobile unit with integrated services, including shower."	Add for whom the shower is for? "Provide mobile unit with integrated services, including shower, for those experiencing homelessness." Or maybe it is for anyone in crisis or experiencing trauma and doesn't need a qualifier?
44	Under D. Community-Based Services, 2nd bullet from the last	Again, I don't understand such a specific term as "children's museums." Must either be a psych term or a common reference, unknown to me, for places like the Exploratorium, skate parks, and other such resources where children may frequent outside of school. If that is the case, how about providing MH support at child development centers and daycares throughout the County as well?
44	Under F. Prevention, 2nd to last bullet, "> Social marketing campaign to include messages like: “Mental illness does not equal crazy,” “It is just as important as caring...”	I do not like even putting the two ideas together negatively as in when reading "Mental illness does not equal crazy." Can we put something more ambiguous and to the effect of "-> Social marketing campaign with distinct slogans fighting MH stigma" or "-> Social marketing campaign including hiring of a third-party advertiser for professional marketing strategies and branding of HHSA, Mental Health." ? Or see, next bullet and remove entirely~
44	"-> Stigma-reduction campaign with targeted messages, particularly for Latinx and Russian populations."	Add LGBTQ+ to populations listed: "-> Stigma-reduction campaign with targeted messages, particularly for Latinx, Russian, and LGBTQ+ populations."
44	Under G. Cultural and Linguistic Competence "-> All mental health staff should use the language line, at a minimum."	Change to a verb and for what is actually wanted here: Train mental health staff on how to use the language line for interpretation help.
44	In the second bullet, under H. Funding & Capacity Building	County psychiatrists also need retention bonuses, we have too high a turnover of Psychiatrists.

44	Third bullet from the bottom right of page "-> Leverage resources from the newly proposed payment for ACES."	ACEs are not a program but an acronym that stands for Adverse Childhood ExperienceS… maybe comment should read " Leverage resources from the newly proposed *program* for ACEs."
45	3rd - 5th bullets "-> The County…"	These are not the first time I read "the county" (which should be capitalized), but since most of the report is what Yolo County's HHSA should or will be doing, I suggest removing all references like this to "the county" and format with appropriate verbs like the rest of the bullets. Or, be specific and say HHSA. "The County" to me usually means the Board of Supervisors and County staff, conversely it could also mean ***us*** --the group of people receiving services, not necessarily HHSA, or County Mental Health which used to be called Alchohol, Drug, and Mental Health but now we refert o it all under Health and Human Services Agency.
46	The CEWG	
47	middle column, end of large paragraph, "…; supporting your caregiver; and making connections; …"	Remove "your" and make caregiver plural to read "supporting caregivers;"
50	"…an Institute for Mental Disease"	Probably shouldn't be capitalized since there are more than one (implied) and it seems like a type of care, not a name.
52	Under Program Description, "Because our psychiatrist…"	Should first person be used here? It is a nicely personable sentence. The next paragraph refers to HHSA support--who else would "our" be of, keep consistent. Recommend changin sentence to read "Because the telepsychiatrist for HHSA is known…."
53	First sentence paragraph under Mental Health Crisis Services	What is the difference between "inpatient psychiatric facility/psychiatric health facility placement?" inpatient vs outpatient? Maybe rephrase this portion of the sentence, paragraph, or both if it must stay in one sentence.
53	Two-sentence second paragraph under Mental Health Crisis Services	recommend not using and/or throughout entire Report. Further, for this sentence many designations are redundant or nessitate another sentence: "Further, at any day or time, 24 hours a day seven days a week, when an indigent individual in Yolo County is placed on an involuntary psychiatric hold by local hospital staff, law enforcement, or certified County or Provider clinician, Crisis Navigation staff will secure placement at the appropriate crisis residential facility, psychiatric health facility, or acute psychiatric inpatient facility. An indigent individual could be an existing Yolo County 'mental health) client, any Yolo County Medi-Cal beficiary, or others who are in Yolo County and are in need."

53	"Additionally, working with existing City Homeless Coordinators, County crisis staff will provide phone and possibly, field response to support local law enforcement officers who encounter community members in crisis.	Remove "possibly" in all reformatting of this sentence or find another way to say the possibility isn't sure in each city. Recommend "Additionally, working with existing City Homeless Coordinators, County crisis staff will provide phone and *sometimes* field response to support local law enforcement officers who encounter community members in crisis. At the time of the writing this Report, at least one city wide pilot program exists in the County that will have an HHSA County clinician embedded with local law enforcement..."
53	"...mental health-related..."	remove the hyphen
53	"...when a family member/loved one reports…" and other instances throughout, but especially on page 53	Consider never using a "/" in professional writing. Change to "...when a family member or loved one reports…" for example…. See below.. Many "/" in this report can be written as "or". Many "and/or" in this report can be written as "option1, option2, or both."
53	First bullet of page "-> reducing unnecessary local emergency room visits and/or psychiatric involuntary holds pf individuals in crisis, "	Recommend "-> Reducing unnecessary local emergency room visits, psychiatric involuntary holds of individuals in crisis, or both," Change "pf" to "of"
53	Middle of page, bullet "-> preventing crisis escalation which may resulting in serious injury/consequences to clients, their loved ones, and the community at large, and	Change "resulting" to "result" and remove "/". Recommend "-> preventing crisis escalation which may result in serious injury or other consequences to clients, their loved ones, and the community at large, and "
54	Objective 2 "Strengthen the relationship between law enforcement, consumers, and their families and the public mental health system "	Consider "Strengthen the relationship between the public mental health system and law enforcement, mental health patients(or I can live with "clients" or "MH clients" here), and their families."
54	2nd paragraph under Program Descritpion	Consider not using "This" as well as removing an "and": Maybe, "The Program specifically provides case management with other individual and family services to Yolo County children and youth up to age 20 with unmet or undermet mental health treatment needs."
72	The AFI Foundation	This is really cool!
75	The Central Regional WET Partnership	Also, very cool… I think there should be adequate incentives to retain good MH Professionals, and for contractors.

FIGURE 30: COMMUNITY ENGAGEMENT WORKGROUP PRIORITY FUNDING EXERCISE

Major Need Category	Need Subcategory	$ Allocated	Overall %
Youth	Early Intervention	$12,700,000	12.41%
	Education	$12,000,000	11.72%
	Prevention	$10,600,000	10.36%
Homeless/Housing	Homeless	$8,700,000	8.50%
	Housing	$7,550,000	7.38%
Special Needs Populations	Incarcerated/Re-entry	$6,100,000	5.96%
	0–5	$5,850,000	5.72%
Services	Case Management	$4,950,000	4.84%
Special Needs Populations	Latin X	$4,650,000	4.54%
Prevention	Peer Mentorship	$3,700,000	3.62%
	Training	$3,500,000	3.42%
Services	Access	$3,250,000	3.18%
Funding	Flex Funding	$3,000,000	2.93%
	Providers	$2,700,000	2.64%
Services	Respite	$2,000,000	1.95%
Special Needs Populations	LGBTQ	$1,650,000	1.61%
Services	Navigation	$1,500,000	1.47%
Prevention	Support Groups	$1,250,000	1.22%
Special Needs Populations	Aging/Adult/Disability	$1,250,000	1.22%
Services	Telehealth/Mobile Health	$1,000,000	1.07%
Special Needs Populations	Cultural Competence	$850,000	0.83%
	Native American	$700,000	0.68%
Services	Integrated Services	$650,000	0.64%
Partners	Community Planning	$600,000	0.59%
Transportation	Options	$500,000	0.49%
	Embed Services	$500,000	0.49%
Special Needs Populations	Russian	$450,000	0.44%
Prevention	Social Media	$50,000	0.05%
Partners	Business	$50,000	0.05%

Subtotals	Community Services and Supports Plan (AA)	From Reading Section PP 47-75				20-23	20-21	Extrapolate	Surplus?
$39,719,133	~ AA	Peer- and Family-Led Support Services	non-FSP	Continuing	adults	$300,000	$100,000	$8,333.33	0
	~ AA	Older Adult Outreach and Assessment Program	Both	Continuing	Older	$3,894,269	$1,251,345	$3,754,035	$140,234
	~ AA	Adult Wellness Services Program	Both	Continuing	adults	$18,205,939	$5,556,979	$16,670,937	**$1,535,002**
	~ AA	Community-Based Drop-In Navigation Center	non-FSP	Continuing	All A	$2,533,200	$844,400	$2,533,200	$0
	~ AA	Tele-Mental Health Services	Both	Continuing	All A	$2,347,632	$771,538	$2,314,614	$33,018
	~ AA	Mental Health Crisis Service and Crisis Intervention	non-FSP	NEW + MOD	All A	$5,385,240	$1,505,779	$4,517,337	**$867,903**
	~CYF 0-5	Children's Mental Health Services	Both	Continuing	0-5	$2,142,387	$686,311	$2,058,933	$83,454
	~TAY 16-25	Pathways to Independence	Both	Continuing	TAY	$4,910,466	$1,573,481	$4,720,443	$190,023
$10,535,827	Prevention and Early Interve	Senior Peer Counseling Program	non-FSP	Continuing	Older	$150,000	$50,000	$150,000	$0
	~ AA	LatinX Outreach/Mental Health Promotores Prograr	non-FSP	Continuing	TAY + Adults	$885,444	$295,148	$885,444	$0
	~CYF 0-5	Early Childhood Mental Health Access and Linkage F	under 25	Continuing	0-5	$1,200,000	$400,000	$1,200,000	$0
	~CYF	K-12 School Partnerships	under 25	NEW	C6-18	$3,300,000	$1,100,000	$3,300,000	$0
	~TAY	Youth Early Intervention Program	under 25	Continuing	TAY	$382,148	$122,421	$367,263	$14,885
	~TAY	College Partnerships	under 25	NEW	TAY	$450,000	$150,000	$450,000	$0
	~CHB	Early Signs Training and Assistance	non-FSP	Continuing	All A	$1,296,014	$425,895	$1,277,685	$18,329
	~CHB	Cultural Competence	non-FSP	NEW	ALL PATIENT	$2,572,221	$675,967	$2,027,901	**$544,320**
	~	Maternal Mental Health Access Hub	non-FSP	NEW	ALL PATIENT	$300,000	$100,000	$300,000	$0
$1,953,000	Innovation Plans	Integrated Medicine into Behavioral Health		NEW	ALL A	$1,808,000	$506,000	$1,518,000	$290,000
	~	Crisis Now Learning Collaborative		NEW	ALL A	$145,000	$145,000	n/a	$0
$2,742,790	Capital Facilities and Techno	IT Hardware/Software/Subscriptions Services	non-FSP	Continuing	n/a	$2,492,790	$811,374	$2,434,122	$58,668
	~	Peer-Run Housing	non-FSP	NEW	adults	$250,000	$250,000	n/a	$0
$321,533	Workforce, Education, and T	Mental Health Professional Development	non-FSP	Continuing	ALL A	$167,422	$54,880	$164,640	$2,782
	~ AA	Peer Workforce Development Workgroup	non-FSP	Continuing	Older + Adul	$69,111	$23,037	$69,111	$0
	~	Central Regional WET Partnership	non-FSP	NEW	ALL A	$85,000	$30,000	***$90,000***	***-$5,000***
$55,272,283	TOTAL								

RESPONSE:

Thank you for your suggested edits related to grammar and formatting of the plan. MHSA strives to improve the readability of the plan. In 20166, the state passed legislation that carved out a piece of local county MHSA funding (7%) specifically to fund No Place Like Home (NPLH) grants to support permanent supportive housing to mentally ill residents. There are 41 NPLH units located in West Sacramento and 29 units in Woodland, CA. Regarding program evaluation and data, HHSA acknowledges it can do better with evaluating MHSA program outcomes. This is not unique to Yolo county and is a statewide issue, as counties have prioritized service delivery over additional administrative support costs. Nonetheless, HHSA understands the importance of investing in program evaluation and quality improvement, and therefore has already begun implementing Results Based Accountability (RBA) measures for all MHSA contracts and funded programs and will continue to do so with the new plan. Furthermore, HHSA has set aside funding in the new plan to bring in outside support to help with program evaluation and outcome assessments. HHSA is making edits to the plan to highlight these evaluation activities. Please see Yolo County MHSA Profile, page 94, for demographics and data on residents served, FSP outcomes, and prevention and early intervention programs.

AFI is a foundation that HHSA is seeking to partner with under Innovation. Childrens museums are institutions that provide exhibits and programs to stimulate informal learning experiences for children. Mental health support for children are currently funded through community partners at the local level. Proposed solutions, included in the plan, were community generated and included with the terminology as provided.

Fabian Valle

From: Esmeralda Mandujano <emandujano@ucdavis.edu>
Sent: Monday, July 20, 2020 4:58 PM
To: MHSA
Subject: MHSA Plan Draft for FY 2020-2023_Feedback
Attachments: MHSAPublicCommentFormFY202.pdf

Good afternoon,

Please see attached comments. Also, would it be possible to know who runs this program "Latinx Outreach/Mental Health Promotores Program?" I work with a coalition of promotores in the county and it would be ideal to collaborate with this program.

Best,

Esmeralda

COUNTY OF YOLO

Health and Human Services Agency

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

Public Comment Period—Friday June 19, 2020 through Monday July 20, 2020

Document Posted for Public Review and Comment:

MHSA Three-Year Program & Expenditure Plan FY 2020-2023

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

PERSONAL INFORMATION (optional)

Name: Esmeralda Mandujano

Agency/Organization: Puentes de Yolo

Phone Number: 530-867-7531 Email address: emandujano@ucdavis.edu

Mailing address: _____

What is your role in the Mental Health Community?

_____ Client Consumer	_____ Mental Health Services Provider
X Family Member	_____ Law Enforcement/Criminal Justice Officer
X Educator	_____ Probation Officer
_____ Social Services Provider	_____ Other (Specify)_____

Please write your comments below:

If you need more space for your response, please feel free to submit additional pages.

Page 9/67: Cultural Competence has some pitfalls, such as falling into stereotypes. The community could benefit from exploring Cultural Humility.

Page 19: Spelling for 'relationship problems'

Poverty or economic challenges and living in a rural area are also important risk factors for this community.

Please return your competed comment form to HHSA/MHSA before 5.00 P.M. on Monday July 20, 2020 in one of two ways:

- Scan and Email this completed form to MHSA@yolocounty.org, Subject: MHSA Plan Draft for FY 2020-2023 Comments
- Mail this form to HHSA/MHSA, Attn: MHSA Coordinator, 25 N. Cottonwood St., Courier #16CH, Woodland, CA 95695

RESPONSE:

HHSA is committed to cultural competence, cultural humility, and proficiency and strives to embed it in all our work, including MHSA. MHSA will increase attention, outreach, and training to incorporate the recognition and value of racial, ethnic, cultural, and linguistic diversity in the county mental health system while also seeking to address broader health disparities and the roots of their existence. We will seek community partners support as HHSA acknowledges we can do better and cannot engage on this one sided. Thank you for informing us of a typo as we work to finalize the draft. HHSA strives to serve the County at all localities and acknowledge the significance of engaging the rural areas as well. This plan includes $2.6 million in funds over the next 3 years to demonstrate our commitment. All services will be contracted out following an RFP process.

Fabian Valle

From: Linda Wight <l.wight@sbcglobal.net>
Sent: Monday, July 20, 2020 2:32 PM
To: MHSA
Subject: Fwd: MHSA Plan Draft for FY 2020-2023 Comments
Attachments: HPSCAN-20200720210202126.pdf

Sent from my iPad

Begin forwarded message:

> **From:** Linda Wight <linda@namiyolo.org>
> **Date:** July 20, 2020 at 2:19:58 PM PDT
> **To:** l.wight@sbcglobal.net
> **Subject: MHSA Plan Draft for FY 2020-2023 Comments**
>
> Attached please find our comments related to the MHSA Plan Draft.
> Thank you.
> Linda Wight

COUNTY OF YOLO

Health and Human Services Agency

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

Public Comment Period—Friday June 19, 2020 through Monday July 20, 2020

Document Posted for Public Review and Comment:

MHSA Three-Year Program & Expenditure Plan FY 2020-2023

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

PERSONAL INFORMATION (optional)

Name: Linda Wight, Jeni Price, Kim Farina, David Segal

Agency/Organization: NAMI Yolo County

Phone Number: (408) 578-3576 Email address: linda@nami yolo.org

Mailing address: 1960 Witham Dr. Woodland, CA 95776

What is your role in the Mental Health Community?

_____ Client Consumer	_____ Mental Health Services Provider
_X_ Family Member	_____ Law Enforcement/Criminal Justice Officer
_____ Educator	_____ Probation Officer
_____ Social Services Provider	_____ Other (Specify)_____

Please write your comments below:

If you need more space for your response, please feel free to submit additional pages.

Please see attached document.

Thank you!

Please return your competed comment form to HHSA/MHSA before 5:00 P.M. on Monday July 20, 2020 in one of two ways:

- Scan and Email this completed form to MHSA@yolocounty.org, Subject: MHSA Plan Draft for FY 2020-2023 Comments
- Mail this form to HHSA/MHSA, Attn: MHSA Coordinator, 25 N. Cottonwood St., Courier #16CH, Woodland, CA 95695.

To: **Karen Larsen, Director, HHSA, Yolo County**
Brian Vaughn, Community Health Branch Director, HHSA, Yolo County
From: **Jeni Price, Kim Farina, David Segal, Linda Wight**
RE: **Questions and comments on Yolo County's draft 2020-2023 Three-Year MHSA Program and Expenditure Plan**
Date: **July 20, 2020**

Thank you for the opportunity to provide comments on the Yolo County Mental Health Services Act proposal. We are sure this is a very intense time at Health and Human Services, so the overview of our request to the MHSA proposal team is as follows:

- Identify and serve as many county mental health clients as possible with "whatever it takes" FSP services.
- Efficiently track SMI clients who are not on FSP to sustain wellness and prevent the need for more costly services (i.e. ER visits, IMD and/or Out of County Placement, Conservatorship, Criminal Justice involvement, etc).
- Sustain every supportive housing unit and expand supportive services to currently existing residences as needed to improve community acceptance and avoid decompensation and create a cohesive coalition of housing partners throughout the county.
- Maintain our two remaining Adult Residential Facilities (Both Pine Tree Gardens homes) with the same operating structure so that they can remain "sister properties" with similar administration and services.

Should you have enough time to read the substantiation for our concerns, please continue below.
Thank you,
Jenifer Price (President), Kim Farina (Vice-President)
David Segal, Linda Wight (Directors and Advocacy Co-chairs)
NAMI Yolo County

This year, it was outstanding to see how much the MHSA community input process and educational outreach was expanded. As a result, it is predictable that there is more involvement during the 30 day public review of the proposal and we view that as a positive outcome. Thank you for listening and responding to the request for an adjusted ratification timeline and for taking time out during this critical global health crisis to answer questions. It is most sincerely appreciated. After so much hard work, allowing the Local Mental Health Board time to reflect on public comment and HHSA responses is a key component to sending a document to the Board of Supervisors that represents the most important community mental health issues and clarifies the plan to show how these needs will be addressed and evaluated over the next three years. It was wonderful to see program participant artwork and focus group quotations included in the narrative.

While participating in the MHSA process over the previous two three-year funding cycles, supportive housing and case management have always surfaced as high priorities by the participants. While the emphasis of CSS funding in particular is rightly directed towards the clients with highest needs (51%), we have seen a population of SMI adults who are currently NOT receiving Full Service Partnership (FSP) support whose needs are not being adequately tracked by the County (the other 49%). Since FSP clients can draw down additional funding, it would seem productive to identify as many FSP clients as we possibly can. In addition, we need to redouble our efforts to sustain those who fall outside those parameters. There currently is not data to suggest how many hours family members, community volunteers and/or Adult Residential Facility operators devote to this population for activities that FSP clients receive like doing welfare checks, patient advocacy, de-escalating acute episodes 24/7, providing transportation to Dr/lab appointments, managing medication, including residents in community activities, and knowing the clients well enough to detect the first signs of escalating symptoms. It is important for the County to value these unpaid efforts because they represent a dramatic cost savings in the continuum of care and it's a service that won't be there forever. When a caregiver/family member can no longer provide this undocumented service, we can't allow the county to be taken off-guard and left ill-prepared. We urge you to do a better job of recognizing the needs of these SMI clients and show greater appreciation for the extraordinary efforts that go on unseen every day. We hear about those efforts on a regular basis when we respond to NAMI helpline callers or listen to the anguish in the voices of NAMI Family Support Group participants as they struggle with the dilemma of solving problems in silence on their own or enduring the pain of watching their loved ones struggle and decline far enough to qualify for a higher level of care. This "Fail First" strategy of support is counterproductive.

Stable and supportive housing is critical for this underserved group and early detection of decompensation is mandatory. We are pleased to see a proposal for peer-run housing, but if we want to have any impact on NIMBYISM and STIGMA so that supportive housing opportunities can be expanded in the future, we can't continue to let individuals deteriorate to the point of being "a danger to themselves or others" in the community. That standard of care is simply unacceptable. Pacifico should have taught us this very painful lesson. Waiting for a crisis to initiate care geometrically increases the chances of a negative outcome (jail/morgue instead of access to medical intervention). When you factor in cultural reticence for initiating a police encounter for a loved one, it's no wonder that it might take longer than one three year cycle to accomplish a systemic change and conclude that a program has had a positive impact. We will definitely need for families to see some positive outcomes from any new proposal before they are comfortable using it. That should be taken into account as a mitigating factor when evaluating program successes.

Although we participated in many MHSA sessions, we still do not have an adequate understanding of why the change is being made in CIT training and how the new social worker response will be sustained this time. We hope we will have improved statistical analysis. NAMI has a strong history of CIT involvement all the way back to 1988 in Memphis and we would like to ensure that we have a place in discussions about changes in policing policy and/or First

Responder training. Having access to after-hours urgent care is also still a high priority. We have been on the cutting edge with some new programs in Yolo County, CIP, Urgent Care, and a Navigation Center in particular, and yet we need to improve our roll out and community awareness campaign to change the mindset in the community that it is still too scary to call 9-1-1 for mental health support because one thing we know for sure is that the response team will be bringing a lethal weapon to the encounter. Even better, we need to look at alternate options besides 9-1-1 to access appropriate medical treatment.

In the Board and Care Study completed by Research Development Associates, several recommendations were made that are yet to be implemented. Supportive housing is a high priority from the community input process and a strong predictor of mental health stability. While we are most appreciative of the Ad Hoc Committee that was formed to explore ways to Save Pine Tree Gardens, the decision to purchase Pine Tree East was rushed and hectic. We felt short-changed because sustaining the homes and their successful programs with fidelity to the founders was one of the main reasons for forming the Save Pine Tree Gardens Committee, and the advocacy for better local/state/federal funding and fund-raising campaign had only just begun to make an impact. Most of all, the guiding principles of the MHSA to be a community collaboration that was client and family driven was largely ignored in this transaction. In the frantic effort to meet the funding deadline, the last consideration was what effect this plan would have on the residents, their families and the current operators. While we appreciate that $1 million didn't have to be sent back to the state, we need a better system for avoiding these funding crises in the future.

It is not our intention with these inquiries to create barriers to the implementation of new programs, but to help generate a more cohesive and transparent document that reflects the work that took place in the focus groups, community outreach and education process and community engagement workgroup meetings. Allowing a more reasonable timeframe for Health and Human Services to respond to this input and the Local Mental Health Board to reflect and suggest changes based on this input will result in strengthening the final document so that it will earn the support of the Board of Supervisors. We are very grateful for the care and attention that Mental Health issues have received from the Board during this unprecedented year of increased stress for our communities.

NAMI Yolo County appreciates our continued support from MHSA funding to provide education and services to families and peers and expand culturally responsive training and advocacy. We have seen some dramatic successes in our county's diversion programs and as a result, the Forensic Team has been awarded additional funding to expand their programs which should be celebrated. In addition, it is time to look at why this model is working well and investigate ways to incorporate some of these strategies into other care level teams for smoother transitions or ideally early response and prevention. As always, NAMI Yolo County is committed to do whatever it takes, not just for FSP levels of care, but for all people living with mental health challenges and their families and friends.

Response:
The MHSA three-year planning process was started in May 2019 with a series of three monthly educational sessions through July 2019, followed by an extensive plan development process beginning in August 2019 and ending in January 2020. During this process over 500+ community residents and stakeholders representing a wide range of geographic and demographic communities participated in providing feedback to the plan. Their interests, priorities, and voice are represented in this plan. As a result, HHSA does not believe further delay in finalizing and implementing the plan is warranted at this time. Furthermore, we believe additional delays beyond what has already happened as a result of COVID, risks undermining the broad community feedback that was received last fall and could jeopardize the timely implementation of new investments around expansion of Full Service Partnership (FSP) and K-12 school-based services at a time when they are in high demand due to the COVID pandemic.

Regarding program specific recommendations, HHSA will take each of these recommendations into consideration as they assess each of the programs in the new plan.

In regards to allocating additional MHSA funding for supportive housing, the Community Engagement Workgroup (CEWG) was made aware that while it was a highlighted priority for the community, that other funding streams existed to support this priority beyond MHSA. Given the existence of other funding streams, the county has prioritized local MHSA funds to support service delivery as intended. These services include significant investments in staffing to support permanent supportive housing. Additionally, in 2016, the state passed legislation that carved out a piece of local county MHSA funding (7%) specifically to fund No Place Like Home (NPLH) grants to support permanent supportive housing to mentally ill residents. There are 41 NPLH units located in West Sacramento and 29 units in Woodland, CA. Over the course of the next three years several developments are planned, adding over 400 units for low/extremely low income individuals in Yolo County. More than half of these units are permanent supportive housing units which have services on site and available to residents. Some units are designated for persons experiencing homelessness but many are not. Some are also more short term in nature. We are prioritizing bringing people back to Yolo who have been placed elsewhere, whether that be an IMD or a Board and Care in another county along with the intended Peer-Run Housing Program.

The County has invested approximately $200,000 of MHSA dollars over the last two years to repairs of the Pine Tree Gardens Homes. Additionally, as referenced, the County just ensured the purchase of East House and a long term deed restriction utilizing $1 million of MHSA dollars. Furthermore, the County will be contracting with NVBH to cover the costs of operations for the coming three years which we expect to cost approximately $800,000 MHSA dollars per year for both homes. Lastly, HHSA is currently updating the plan to provide additional information to better illustrate the connection between the community feedback and program investments.

MHSA Budget Overview

	19/20	20/21	21/22	22/23
MHSA Revenue	12,064,027.00	13,245,716.00	12,548,762.00	10,624,859.00
Administration	510,619.00	653,529.00	678,470.00	704,409.00
Salaries & Benefits	5,266,208.00	7,442,081.00	7,730,699.00	8,030,863.00
Contracts	6,398,783.00	9,916,184.00	10,712,822.00	11,129,970.00

Contribution/(Use) of Fund balance					
FY1920	**FY2021**	**FY2122**	**FY2223**	**4-year total**	**3-year total**
$ 348,926	$ (2,801,040)	$ (4,463,085)	$ (6,999,612)	$ (13,914,810)	$ (14,263,737)
small contribution to fund balance in 19/20					

HHSA Positions Partially or fully funded by MHSA

Position Title	# of Positions
Psychiatrist	5
Behavioral Health Case Manager	25
Clinical Psychiatrist	1
Clinician	21
Deputy Branch Director	1
HHSA Program Coordinator	2
Medical Assistant	1
HHSA Manager	1
Extra Help- Consultant	3
Mental Health Peer Support Worker	23
Nurse Practitioner	1
Outreach Specialist	4
Staff Nurse	4
Supervising Staff Nurse	1
Supervising Clinician	8
Psychiatric Health Specialist	1

102 HHSA positions are either all, or partially funded by MHSA

Approximately 5.6% of total MHSA revenue received is used for MHSA Administration (average of FY19/20-FY22/23)

What is Results Based Accountability (RBA)?

Select a Program

Determine the Purpose

- Why is this important?
- What outcome do you hope to achieve?

Verify Connection to:

- County Strategic Goals
- Department Goals
- Program Goals
- Employee Goals

Craft Performance Measures

1. How much did we do?

Quantity x Effort

- Output
- # of Staff
- # of Customers

2. How well did we do it?

Quality x Effort

- Efficiencies
- Workload ratios
- Wait times
- Timelines
- Satisfaction

*3. Is anyone better off?

Quantity x Quality x Effect

- Change in
  - Skills/knowledge
  - Attitude/opinion,
  - Behavior/circumstance

MHSA Programs Outcome Goals: Child Youth & Family Branch

- ***Primary (EPSDT)/Intensive Services (Wrap)/FSP/Bridges Outcome Measures for Outside Vendors:***

Program Measures (PM1's) measure: How Much did we do? This is typically a number quantifying volume

1.1 Number of FTE's
1.2 Number of open and authorized clients
1.3 Number of Intakes
1.4 Number of discharges
1.5 Number of discharges to a lower level of care
1.6 Number of Referrals received
1.7 Number of children meeting ICC or IHBS criteria
1.8 Number of children served who are non-English speakers

Program Measures 2 (PM2's) measures: How Well Did We Do?

2.1 Percent of clients who received an intake assessment within 14 days of referral
2.2 Percent of clients assessed with Child and Adolescent Needs and Strengths (CANS)
2.3 Percent of clients with completed authorization packet within 60 days of admit
2.4 Percent of authorization requests completed within 30 days of renewal
2.5 Percent of open clients with submitted 6 months progress report
2.6 Number of clients per clinician
2.7 Number of days to successful discharge (quarterly average)
2.8 Percent of discharge disposition submitted within 14 days of discharge
2.9 Percent of ICC and IHBS eligible clients with facilitated CFT every 90 days
2.10 Percent of clients who successfully met treatment plan goals
2.11 Percent of clients who received 1st clinical appointment within 7 days post psychiatric hospitalization
2.12 Percent of clients who received 1st psychiatric follow up within 30 days post psychiatric hospitalization
2.13 Number of provider changes per client

Program Measures 3 (PM3's) measures: Is Anyone Better Off?

3.1 Number of clients with decrease in number of items needing action on Child Behavioral/Emotional Need section of CANS from intake to discharge
3.1a Percent of clients with decrease in number of items needing action on Child Behavioral/Emotional Need section of CANS from intake to discharge
3.2 Number of clients with decrease in number of items needing action on Life Domain Functioning section of CANS from intake to discharge

3.2a Percent of clients with decrease in number of items needing action of Life Domain Functioning sections of CANS from intake to discharge

3.3 Number of clients with decrease in number of items needing action on Caregiver Resources and Needs section of CANS from intake to discharge

3.3a Percent of clients with decrease in number of items needing action on Caregiver Resources and Needs section of CANS from intake to discharge

3.4 Number of clients who remained in their home (without jail or psychiatric hospital admits) or maintained foster home placement

3.4a Percent of clients who remained in their home (without jail or psychiatric hospital admits) or maintained foster home placement

- ***Primary (EPSDT) Outcome Measures for CYF Internal Team***

Program Measures 1 (PM1'S): How Much did we do?

1.1 Number of FTE's
1.2 Number of open clients
1.3 # of intakes
1.4 Number of unplanned discharges
1.5 Number of successful discharges
1.6 Number of closed out referrals
1.7 Number of Referrals received
1.8 Number of children meeting IHBS Criteria
1.9 Number of children served who are non-English speakers
1.10 Number of Families served who are non-English speakers

Program Measures 2 (PM2's) measures: How Well Did We Do?

2.1 Percent of clients who received an intake assessment within 10 days of referral

2.2 Percent of clients assessed with Child and Adolescent Needs and Strengths (CANS) within 30 days

2.3 Percent of clients assessed with CANS at discharge

2.4 Percent of clients assessed with 6-monhts CANS

2.5 Number of days to successful discharge (quarterly average) (not for closed out referrals) (successful discharge is defined as met treatment goals and/or no longer meets medical necessity for SMHS)

2.6 Percent of ICC and IHBS eligible clients with facilitated CFT every 90 days

2.7 Percent of clients who successfully met treatment plan goals

2.8 Percent of clients who received 1st clinical appointment within 7 days post psychiatric hospitalization

2.9 Percent of clients who received 1st psychiatric follow up within 15 days post psychiatric hospitalization

Program Measures 3 (PM3's) measures: Is Anyone Better Off?

3.1 Number of clients with decrease in number of items needing action on Child Behavioral/Emotional Need section of CANS from intake to discharge

3.1a Percent of clients with decrease in number of items needing action on Child Behavioral/Emotional Need section of CANS from intake to discharge

3.2 Number of clients with decrease in number of items needing action on Life Domain Functioning section of CANS from intake to discharge

3.2a Percent of clients with decrease in number of items needing action of Life Domain Functioning sections of CANS from intake to discharge

3.3 Number of clients with decrease in number of items needing action on Caregiver Resources and Needs section of CANS from intake to discharge

3.3a Percent of clients with decrease in number of items needing action on Caregiver Resources and Needs section of CANS from intake to discharge

3.4 Number of clients with decrease in number of items needing action on Risk Behaviors section of CANS from intake to discharge

3.4a Percent of clients with decrease in number of items needing action on Risk Behaviors section of CANS from intake to discharge

3.5 Number of clients who remained in their home (without jail or psychiatric hospital admits) or maintained foster home placement

3.5a Percent of clients who remained in their home (without jail or psychiatric hospital admits) or maintained foster home placement

- ***TBS Outcome Measures:***

Program Measures (PM1's) measure: How Much did we do? This is typically a number quantifying volume

1.1 Number of FTE's
1.2 Number of open and authorized clients
1.3 Number of Intakes
1.4 Number of discharges
1.5 Number of discharges to a lower level of care
1.6 Number of Referrals received
1.7 Number of children served who are non-English speakers

Program Measures 2 (PM2's) measures: How Well Did We Do?

2.1 Percent of clients who received a functional behavior assessment within 10 days of referral

2.2 Percent of clients with completed authorization packet within 30 days of admit

2.3 Percent of authorization requests completed within 15 days of renewal

2.4 Number of clients per specialist

2.5 Number of days to successful discharge (quarterly average)

2.6 Percent of discharge dispositions submitted within 14 days of discharge date

2.7 Percent of clients who successfully met treatment plan goals

2.8 Number of provider changes per client

2.9 Percent of children/youth and caregivers with completed TOM-T at intake and discharge

Program Measures 3 (PM3's) measures: Is Anyone Better Off?

3.1 Number of children/youth who are able to utilize pro-social replacement behaviors by time of discharge

3.1a Percent of children/youth who are able to utilize pro-social replacement behaviors by time of discharge

3.2 Number of caregivers with increase in necessary skills to be able to intervene consistently with a target behavior by time of discharge

3.2a Percent of caregivers with increase in necessary skills to be able to intervene consistently with a target behavior by time of discharge

3.3 Number of clients who remained and maintained their home placement (without jail or psychiatric hospital admits, without out of home foster or group home placement)

3.3a Percent of clients who remained and maintained their home placement (without jail or psychiatric hospital admits, without out of home foster or group home placement)

- ***VCSS Urban School-Based Mental Health Access and Linkage Outcomes***

1.1 Number receiving Universal Outreach/Engagement services specifically for the Access and Linkage Program

1.2 Number of services provided, including direct MH triage and referral, risk assessment, brief intervention, and linkage services

1.3 Number and rate of children, youth, and family members (CYF) referred to a MH service provider.

2.1 Number and rate of routine mental health triage services provided within 7 calendar days of request for service.

2.2 Number and rate of urgent mental health triage services provided within 48 hours of request for service

2.3 Number of Access and Linkage Services provided in the child, youth or family members preferred language

3.1 Number and rate of referred CYF who received at least one mental health service from the referred provider

3.2 Of the children/youth who participated in recommended services, how many reported improvement in overall mental health symptoms

3.3 Of the family members who participated in recommended services, how many reported improvement in child/youth's family circumstance

- ## Urban School-Based Mentorship and Strengths-Building Program (USBMSBP) Outcome Measures

- Outreach and Engagement Services (Universal)

1.1 Number receiving any service from the USBMSBP
1.2 Number receiving this particular service
2.1 Percentage of CYF receiving Outreach/Engagement services engaged in services provided by this program?
2.2 What percentage of engaged CYF requested additional services (beyond initial participation)?
2.3 How did those CYF engaged in this program or service rate the efficacy of the program? (*Percent that answered yes to a yes/no question of satisfaction)*
3.1 Of those CYF engaged this service, how many reported improved personal skills, improved school or family circumstances, or feeling better overall?

-Mentorship Program (Selective)

1.1 Number receiving any service from the USBMSBP
1.2 Number receiving this particular service
2.1 Percentage of CYF receiving Outreach/Engagement services engaged in services provided by this program?
2.2 What percentage of engaged CYF requested additional services (beyond initial participation)?
2.3 What percentage of engaged CYF requested additional services (beyond initial participation)?
3.1 Of those CYF engaged this service, how many reported improved personal skills, improved school or family circumstances, or feeling better overall?

-(the most widely used EBP program for children under 12)

Q1: Real Colors
Q2: Second Step

1.1 Number receiving any service from the USBMSBP
1.2 Number receiving this particular service

2.1 Percentage of CYF receiving Outreach/Engagement services engaged in services provided by this program?

2.2 What percentage of engaged CYF requested additional services (beyond initial participation)?

2.3 How did those CYF engaged in this program or service rate the efficacy of the program? (*Percent that answered yes to a yes/no question of satisfaction)*

3.1 Of those CYF engaged this service, how many reported improved personal skills, improved school or family circumstances, or feeling better overall?

-(the most widely used EBP program for children aged 12-18)

Q1: Suicide Prevention
Q2: Anxiety and Depression

1.1 Number receiving any service from the USBMSBP
1.2 Number receiving this particular service
2.1 Percentage of CYF receiving Outreach/Engagement services engaged in services provided by this program?
2.2 What percentage of engaged CYF requested additional services (beyond initial participation)?
2.3 How did those CYF engaged in this program or service rate the efficacy of the program? (*Percent that answered yes to a yes/no question of satisfaction*)

3.1 Of those CYF engaged this service, how many reported improved personal skills, improved school or family circumstances, or feeling better overall?

- ## PEI Early Intervention—RISE Rural School-Based Mentorship and Strengths-Building Program Outcome Measures:

Program	Agency	Contact
Program Purpose	**PEI Early Intervention – RISE Rural School-Based Mentorship and Strengths-Building Program:** Increase mental, emotional, and relational well-being and resiliency among rural Yolo County youth.	
Program Information	The Rural School-Based Mentorship and Strengths-Building Program provides evidence-based, culturally responsive services and offer promising practices in outreach and engagement for at-risk children and youth in multiple settings, to build their resiliency and help to mitigate and/or support their mental health experiences.	
PM1: How much did we do?		
Staff	Total FTEs by Classification, including breakdown of program staff who are bilingual	
1.1 1.2	**Program Participants**: Total # of participants served • Total # of unduplicated participants served o Total # of participants identified as at risk of a mental illness (Prevention) [1] o Total # of participants identified with early onset of a mental illness (Early Intervention) [1] o Total # of individual family members served[1] • Total # of participants who received services in their preferred non-English language **Program Activities**: Total # of services provided in each service category • After-school mentoring programs • School-day programs • Support to parents and caregivers, as applicable	
PM2: How well did we do it?		
2.1	**Referral/Linkage**[2] Total # of participants referred to: • Primary Care services • Mental Health and / or Substance Use Disorder services • Other support services (e.g., health benefits enrollment, food resources, housing support)	

2.2	Total # of participants referred to any service. **Treatment Engagement**[2]: % and # of participants who completed a referral and engaged in treatment. Engagement is defined as participating at least once in the Program to which they were referred, including: • Primary Care services • Mental Health and / or Substance Use Disorder services • Other support services (e.g., health benefits enrollment, food resources, housing support)
2.3	**Timeliness**[2]: Average interval (in days) between the referral and participation in treatment. Participation is defined as participating at least once in the treatment to which referred.
2.4	**Duration of Untreated Mental Illness (DUMI)** [2]: Average DUMI across participants. DUMI is defined as, for persons who are referred to treatment and who have not previously received treatment, the time between the self-reported and/or parent-or-family-reported onset of symptoms of mental illness and entry into treatment. Entry into treatment is defined as participating at least once in treatment to which the person was referred.
2.5	**Staff Training**: % of program staff trained in using evidence informed and evidence based practices[3]
2.6	**Satisfaction**[4]: % and # of participants who reported satisfaction with services (e.g., services were provided at a convenient time and location; program staff treated me with respect, made me feel welcomed, respected my cultural background / beliefs, spoke to me in a language that I understood)
PM3: Is anyone better off?	
3.1	**Well-Being**[1.1]: • % and # of participants enrolled in the after-school Mentoring/Strengths Programs who demonstrate an improvement in well-being on the Youth Asset Survey. • % and # of participants enrolled in the Social Emotional Learning and Well Being Programs who demonstrate an improvement in well-being on the Global Self Worth Assessment.
3.2	**Resiliency**[1.1]: • % and # of participants enrolled in the Gallup Strengths Finder 2.0 programs who demonstrate an increase in resiliency in on the Resiliency Scale. • % and # of participants who demonstrate an improvement in overall wellbeing based on results from the Why Try pre/post assessments.

[1] PEI Regulation reporting requirement specific to Early Intervention Programs (Sections 3710, 3560.010(b)(1))

[1.1] PEI Regulation reporting requirement specific to Early Intervention Programs (Sections 3710, 3750(a), 3750(c)). These are indicators that are applicable to the Program and are intended to reduce negative outcomes as referenced in Welfare and Institutions Code Section 5840, subdivision (d) that may result from untreated mental illness.

[2] PEI Regulation Strategy that shall be included in specified PEI Programs (Sections 3735, 3560.010(b))

[3] Practices may include, but are not limited to: Why Try? Curriculum; NCTI Curricula (Life Skills; Real Colors; Anger Management; Drug/Alcohol Abuse); Strengths Finder 2.0

[4] Examples from the California Consumer Perception Survey, Youth versions available in Spanish (and other languages) at: https://www.cibhs.org/consumer-perception-surveys

The PEI Regulations have additional data reporting requirements depending on different program classifications. Not all metrics are incorporated into this form but can be accessed in the Regulation document here: http://mhsoac.ca.gov/document/2016-03/pei-regulations

Early Childhood Mental Health Access & Linkage: Help Me Grow Outcome Measures:

Help Me Grow Yolo	First 5 Yolo	Gina Daleiden, Executive Director
Program Purpose	To provide universal mental health screening to parents and their children ages 0-5 years to identify young children who are either at risk of or beginning to develop mental health problems that are likely to impact their healthy development. In addition, this program will connect children and their families to services that would either prevent or intervene early to address mental health problems impacting healthy development.	
Program Information	Help Me Grow Yolo (HMG) expands and enhances identification and intervention services to young children facing mental health challenges and further the effectiveness and sustainability of First 5 Yolo programs, which assist the community to raise children who are health and ready to learn. HMG allows for prevention and early identification of developmental concerns to allow young children 0-5 years of age access to the treatment they need and deserve, mitigating for more advanced issues later in life. HMG provides for this early childhood mental health system approach to prevention and early intervention, creating access and linkage in a multitude of settings from family to school to medical and other service providers.	
PM1: How much did we do?		
Customers Units of Service	Demographic data reported: # of beneficiaries served, by gender, age of child at time of initial entry, race/ethnicity of child, culture if known, or disability (e.g. hearing impaired, seeing impaired, wheel-chair bound) # of trainings conducted for agencies/programs (outreach) # of trained individuals on the HMG Yolo services (parents, providers, community agencies) Report of who contacted HMG Yolo on behalf of the child # of calls to the Call Center Services to which child/family referrals were made (# and % of each) Presenting issues (# and % of each) # of screenings completed based on screening tools (ASQ-3, ASQ-SE, M-CHAT, SEEK) # of medical providers participating in HMG Yolo	
PM2: How well did we do it?		

2.1	# and % of how each child screened heard about/entered HMG Yolo (compare to marketing plan)
2.2	Wait time for delivery of results after screenings
2.3	# and % of subsequent screenings that are performed for children who fall into the "monitoring" category
2.4	# and % indicated on the Caregiver/Provider Satisfaction Survey as satisfied with the tools, information, skills, and supports provided to properly support optimal family growth
PM3: Is anyone better off?	
3.1	# and % of children successfully connected to at least one service or pending a start date due to a "concern" referral
3.2	# and % of children rescreened with an improved score after referrals were made due to a "monitor" result
3.3	# and % of service/program gaps identified
3.4	# and % of barriers identified