

# COUNTY OF YOLO

## Health and Human Services Agency

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

### Local Mental Health Board

**Regular Meeting: Monday, May 23<sup>rd</sup> 6:00 PM–8:00 PM**

Join Zoom Meeting

<https://us02web.zoom.us/j/82164661979?pwd=YkhmcGpjRkNoYmRKR1QxODFjQ0FRdz09>

Meeting ID: 821 6466 1979

Passcode: 644wP0

*All items on this agenda may be considered for action.*

**CALL TO ORDER ----- 6:00 PM – 6:30PM**

1. Public Comment
2. Approval of Agenda
3. Approval AB 361-Brown Act
4. Approval of minutes from [April 25<sup>th</sup>, 2022](#)
5. Chair Report-Nicki King
6. Member Announcements
7. Correspondence
8. Nomination Committee Report

**TIME SET AGENDA ----- 7:00 PM – 7:30 PM**

9. MHS UPDATE-Karleen Jakowski  
[MHS May Revised PowerPoint](#)  
[Yolo County MHS AU FY 20-23 Proposals](#)

**CONSENT AGENDA ----- 7:00 PM – 7:30 PM**

10. [Mental Health Director’s Report](#) – Karleen Jakowski

Nicki King  
*Chair*

Jonathan Raven  
*Vice-Chair*

Xiaolong Li  
*Secretary*

**District 1**  
**(Oscar Villegas)**  
Aleecia Gutierrez  
Maria Simas  
Beverly Sandeen

**District 2**  
**(Don Saylor)**  
Serena Durand  
Nicki King  
Inesita Arce

**District 3**  
**(Gary Sandy)**  
Sue Jones  
John Archuleta  
Warren Hawley

**District 4**  
**(Jim Provenza)**  
Carol Christensen  
Robert Schelen  
Jonathan Raven

**District 5**  
**(Angel Barajas)**  
Brad Anderson  
Xiaolong Li  
Robin Rainwater

**Board of Supervisors Liaisons**

Oscar Villegas  
Jim Provenza

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CONTINUED ON REVERSE

- a. [COVID-19 update](#)
- b. ARP Plan Workgroups
- c. CalAIM
- d. Peer Certification
- e. K-12 Services
- f. [RFP Schedule](#)
  
- g. Public Media Campaign
  - a. Mental Health/Wellness
  - b. Overdose Awareness/Prevention
- h. Crisis Now
- i. Department of State Hospital Programs
- j. QM Audits/Reviews
- k. Safe Harbor
- l. May is Mental Health Awareness Month Resolution
- m. Substance Use System of Care Event
- n. Care Courts

**REGULAR AGENDA ----- 7:30 PM – 7:45 PM**

- 11. Board of Supervisors Report – Supervisor Villegas and Provenza
- 12. Criminal Justice Update: MHC- Jonathan Raven
- 13. Public Comment- on tonight’s agenda Items

**PLANNING AND ADJOURNMENT ----- 7:45 PM – 8:00 PM**

- 14. Future Meeting Planning and Adjournment

Next Meeting Date and Location

Next Meeting: June 27<sup>th</sup>, 2022

I certify that the foregoing was posted on the bulletin board at 625 Court Street, Woodland CA 95695 on or before Friday, May 20<sup>th</sup>, 2022. Christina Grandison Local Mental Health Board Administrative Support Liaison Yolo County Health and Human Services

**Local Mental Health Board Meeting**

**Monday, April 25<sup>th</sup>, 2022**

Online/Call-in ZOOM

Members Present: Robert Schelen, Carol Christensen, Inesita Arce, Brad Anderson, Jonathan Raven, Beverly Sandeen, Aleecia Gutierrez, Nicki King, Maria Simas, Xiaolong Li, Sue Jones

Members Absent: John Archuleta, Robin Rainwater, Warren Hawley, Serena Durand

**CALL TO ORDER**

- 1. **Welcome and Introductions:** meeting called to order at by Nicki King at 6:00 pm and turned meeting over to Vice Chair Jonathan Raven to chair remainder of meeting
- 2. **Public Comment:** none
- 3. **Chair Report:** None
- 4. **Approval of Agenda:** Moved by Aleecia Gutierrez, 2<sup>nd</sup> Brad Anderson

Yea "I"	Nay	Abstention
9	0	0

Motion: Passed

- 5. **Approval of Brown Act:** Moved by Maria Simas, 2<sup>nd</sup> Beverly Sandeen

Yea "I"	Nay	Abstention
11	0	0

Motion: Board agrees to continue to meet remotely

- 6. **Approval of Meeting Minutes February 28, 2022:** Moved by Carol Christensen, 2<sup>nd</sup> Maria Simas

Yea "I"	Nay	Abstention
11	0	0

Motion: Passed

- 7. **Approval of Meeting Minutes March 28, 2022:** Moved by Beverly Sandeen, 2<sup>nd</sup> Xiaolong Li

Yea "I"	Nay	Abstention
11	0	0

Motion: with change to name of NAMI event to Hope and Resilience, and change CHOC

- 8. **Bylaw Review:** added to agenda by Nicki King to be sure that current to relative changes that were being made relative to responsibilities of LMHB. Review legislation & current bylaws and then make changes. Jonathan Raven suggested committee to review bylaws. Committee to include Bob Schelen, Bab Sandeen, and Nicki King. Babs will coordinate the committee meeting.
- 9. **Member Announcements:** None
- 10. **Nominations LMHB Officers:** Form nomination committee to be attended by Bob Schelen, Maria Simas, Brad Anderson.

11. **Correspondence:** In response to correspondence the board members interested in participating in selection committee are as follows Maria, Sue, Inesita, Jonathan Nicki. Chad Rinde states they are looking for 3 but depending on the different stages as process we may be able to use more participants at different junctures. Looking to schedule initial interviews around first week of June. If they are able to hold both positions and meet all the qualification, they can hold position similarly to the way Karen held both, if not it will go out for recruitment for separate position. Qualified applicant information will be shared in advance.

12. **Time Set Agenda:**

**MHSA Overview**-Karleen Jakowski and Brian Vaughn

Do not have a draft plan ready yet, hoping to have it done in the next week or so we can get it out to LMHB to review before May meeting. Bulk of MHSA Funding is designated for:

1. Community Services and Supports
2. Prevention and Pei (None Remaining)
3. Workforce Education and Training (Limited available year to year)
4. Capital facilities
5. Innovation

\*CFTN can not be used for Housing

**Board Response on Time Set Agenda:**

**Jonathan Raven**-central HUB and people trained with expertise to assess individuals with Mental Health needs, remove note indicated as a DA program. Brain to update to Public Guardian.

**Brad Anderson**-remove acronyms or include description of each acronym

**Public Comment on Time Set Agenda:**

**Petrea Marchand President of NAMI Yolo County**-thank you you've done a lot of work. Provide code sections of all relevant of laws that guide the funding. If its possible to have to have a representative of the department to answer questions about funding. Present these descriptions to the department and how to fund some of these programs. Clarification that CFTN you can't purchase facilities but that you can rehab. All project descriptions in one place so that there's more than just one line in a PowerPoint.

**Consent Agenda**

13. **Mental Health Directors Report:** Presented by Karleen Jakowski

- **Public Media Campaign**-two campaigns, Mental Wellness and Overdose Prevention Campaign. DA is partnering on the Overdose Prevention/Fentanyl Overdose. DA is working with the firm that will be doing the work in this and will get moving on it soon. Tiered Approach for Mental Wellness Campaign. 2<sup>nd</sup> Campaign to focus on those with Mild to Moderate Mental Health needs exacerbated by the pandemic. Then a final third campaign with more significance Mental Health issues.

**Sue Jones**-Wants to make sure Stigma is a component of the Campaigns

**Xiaolong Li**-Continuing on the comment on stigma, I'm wondering if there are efforts to target specific underserved populations to help further reduce stigma in those communities?

**Petrea**-would like to offer assistance if you want to additional places to share the campaign.

- **Crisis Now**-Jonathan Raven states that the more fiscally conservative board members have a question of sustainability. Moving forward board would like reports on the costs and funding.

**Jim Provenza**-to what extent is this program that is new? Its somewhat confusing when you look at the descriptions. Ian Evan states, Co-Responders is new. Clinician and Peer only go out and Law enforcement does not appear at all unless there is a safety issue.

**Jonathan Raven**-Crisis Now is a game changer

**Petrea Marchand**-would like a scope of service to share with NAMI. They had a client who was left alone with little care while waiting for psychiatric placement and got worse.

#### 14. **Safe Harbor**

Since last meeting Karleen met with safe harbor to review data and talk through contract challenges, they are having. Very productive and agreed for the need for collaboration. We have several follow up meetings, some internal to discuss challenges. Some follow up that will include the same folks we met with on April 16<sup>th</sup>. We are committing to supporting Safe Harbor and helping them to remain sustainable. We can not help sustain Safe Harbor on our own. Safe Harbor is having Census Challenge that is concerning and they need to work on referral process and utilization of their beds.

#### **Board Comment on Safe Harbor:**

**Brad Anderson**-Its wonderful that you are going to support safe harbor

**Supervisor Provenza**-Thank you Karleen for your hard work on this it is appreciated. Kaiser also places in Safe Harbor. They only pay for beds they use. You may want to include Kaiser in that conversation.

**Karleen Jakowski**-Safe Harbor partner with several entities that also only pay for beds that are used. We will continue to improve our partnership over the next year.

**Nicki King**-would like you to contribute to Karen Larsen's farewell gift of at least \$10-\$15.

#### **Public Comment on Safe Harbor:**

**Jen Danzer, NAMI CEO**-thank you to Karleen, showed great collaboration.

**Marilyn Moyle**- NAMI Yolo's First Wednesday event is May 4, from 6-8 p.m. at International House in Davis. The speaker will be Judge Timothy Fall, who has written a book titled "Running for Judge" which relates his experience dealing with anxiety and depression while campaigning International House in Davis is located at 10 College Park.

## Regular Agenda

1. **Board of Supervisors Report** provided by Jim Provenza  
We have been without a County Administrator but after a whole year of search we introduce Gerardo Pineda. He comes with wide breadth of experience. Chad Rinde did a wonderful job as interim CAO.
2. **Criminal Justice Update:** email sent out for 1-million-dollar Collaborative Grant that our office is drafting and administering. To help and decriminalize an underserve population. Steering Committee for the Grant. We are soliciting for volunteers. We are looking for two from this board, one should be consumers. We had interest from Aleecia Gutierrez and Maria Simas. If there are any consumers interested, please reach out to Jonathan Separately. Maria Simas states she must decline because she is on the board that will review.
3. **Public Comment on Agenda Items:** None
4. **Future Meeting Planning and Adjournment:** 7:55PM

Next Meeting: May 23<sup>rd</sup>, 2022

# The Five Components of MHSA

## Services/activities funded by the MHSA

1. Community Services and Supports (CSS) 76% (51% FSP)
2. Prevention and Early Intervention (PEI) 19% (<25@51%)
3. Workforce Education and Training (WET)
4. Capital Facilities and Technology (CFTN)
5. Innovation (INN) 5%

\*No Place Like Home (7%)- A program funded by MHSA.

- MHSA funds cannot supplant existing services



# Projected MHSA Fund Balance thru June 2023

MHSA Component	Remainder Annual Update
CSS	\$10,899,732
PEI	\$0
INN	\$150,580
WET	\$52,903
CFTN	(\$8,591)
Prudent Reserve	NA
<b>Total</b>	<b>\$11,094,624</b>



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# Annual Update Considerations

- Augment Current FSP Contracts for Cost-of-Living Adjustment (COLA)
- Senior Peer Support Program (Sr Peer Counseling)
- PTG Transition Support Position (non-FSP)
- NAMI Yolo County Support Group Expansion
- Additional Crisis Now Support
- Co-Occurring Disorder Assessment and Intake (AB 2265)
- Mental Health American Rescue Plan Match Funds
- Mobile Hair Professionals to Support Mental Wellness and Connections
- Dignity Health: Yolo Adult Day Health Center
- Community Outreach and Engagement Campaign (Destigmatize Housing)
- Technology Support Services (tablets)
- Netsmart IT Infrastructure
- Competitive grant for renovations and energy efficiencies



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# Annual Update Proposed New Spending - CSS

<p>Augment Current FSP Contracts for Cost-of-Living Adjustment (COLA)</p>	<p>\$1,414,720</p>	<p>Additional funding will be added to both TAY/Adult/Older Adult FSP provider contracts to add 20 more client service slots to each contract (for a total of 240 FSP slots) as well as COLAs (up to 5%). In light of the current employment environment, COLAs are part of the staff recruitment and retention efforts the County is making to support our contracted providers attract appropriate staff to serve our most in need clients.</p>
<p>NAMI Yolo County Support Group Expansion</p>	<p>\$70,000</p>	<p>Adding 1.50 FTE on an annual basis to develop a pool of paid peers/staff to facilitate support groups and mental health education. This would support more consistency with available facilitators/peers and also offer an opportunity for peers to be employed and earn income for their important role and service. They would also be compensated for the time spent in training.</p>
<p>Co-Occurring Disorder Assessment and Intake - AB2265</p>	<p>\$525,650</p>	<p>MHSA funds will be used to cover staff for initial HHSA clinical assessments completed by HHSA Access Team staff to determine if an individual has any co-occurring mental health and substance use disorders. This program will also cover subsequent referral activities as well fund ongoing mental health treatment to persons assessed as having co-occurring disorders, as long as their mental health disorder is considered primary, even if the individual's care was not previously eligible for services covered by traditional MHSA funding. Yolo County has additionally arranged for CommuniCare Health Centers to provide in-person screening for co-occurring disorders during initial clinical assessments through the Navigation Center; referring those assessed as having co-occurring disorders to the appropriate treatment provider(s).</p>



# Annual Update Proposed New Spending – CSS (con't)

Pine Tree Gardens Transition Support Position	\$67,626	<p>Add a case manager type position that would support clients at both Pine Tree Gardens East and West House during their intake/admission to the program and for those ready to transition to their next housing/living situation. This support would be for non-FSP clients at both PTG homes as the supports provided by this position already occur for FSP clients through their treatment team. The new position would provide support as folks move into PTG, completing intake paperwork, meeting with the client regularly in the first few weeks of being new to PTG to help ensure they are settling in, being supported, any needs identified are being addressed and coordinated and over time as the client settled in would meet less and less frequently until this support was not needed any longer. Additionally, for those ready to move on from PTG there is a lot of time and effort that is needed to conduct housing searches, complete applications, schedule tours, ensure all move-in ready documentation is in order (ID, Birth Certificate, etc), help clients with background checks, and ensure a smooth transition into their new home. It is anticipated that this position would meet with the client at least a few times after moving into their new home to help ensure ongoing stability. This concept has been discussed with HHSA, NVBH, and several members of the Save PTG group. Final job duties and structure would be worked out by HHSA and NVBH staff and presented to the Save PTG group if approved so all have a clear understanding of expectations for this new position. Approximately \$68,000 in year 1, anticipated COLA increase each year. There may be a need for a vehicle purchase to help support the transportation and move-in needs of these individuals. NVBH and HHSA would determine if this can be absorbed into their existing contract or if future funding would be needed.</p>
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# Annual Update Proposed New Spending – CSS (con't)

<p>Dignity Health: Yolo Adult Day Health Center</p>	<p>\$152,000</p>	<p>Development of a comprehensive case management program based on newly rolled out Enhanced Case Management to be named Pathways. Pathways will receive referrals from Partnership HealthPlan who identifies individuals who have been identified as having complex clinical and non-clinical needs. ADHC can receive referrals from YCMH and seek PHP approval for ECM. By assessing status of social determinants of health and working with the individuals' provider network, the team (individual, clinicians, care network) will develop person centered care plans to work towards life stability and improved health outcomes. Pathways model will use bachelor's level or well-seasoned non-degree case managers, community health workers and an LCSW as the core team. The ADHC's clinical interdisciplinary team which consists of social workers, nurses, rehab (PT, OT and Speech), dietician and activity specialists will be available for consultation. This provides a robust team providing support to individuals that are part of the Pathways (ECM) with the ability to add support to shared clients with the community health worker who will be able to tend to operate outside our four walls with transportation needs for appointments and other critical but time consuming tasks. With the opportunity provided by CalAIM and in particular, Enhanced Case Management, YADHC has an opportunity to extend already provided services to provide more support to YCMH and non-YCMH behavior health clients.</p>
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# Annual Update Proposed New Spending – CSS (con't)

<p>Dignity Health: Yolo Adult Day Health Center</p>		<p>Continued-</p> <p>Target population adult and older adults with complex mental health needs who would also benefit from medical, cognitive, and functional supports.</p> <p>Focus: 1) Behavioral health participants that we share with YCMH and will alleviate the need for County medical and other transportation and County case management. 2) Immediate and timely response to YCMH referrals seeking adult day health care and/or ECM support. Currently referrals are on waiting list for up to a year. With ECM, an assessment of social determinants of health and subsequent care plan will be completed within 5 business day. 3) Within 12 months, program will be self-sufficient with PHP ECM reimbursements and addressing adult and older adult needs for many years to come. For non-CBAS SMI patients, the team is available for consult and socialization opportunities may well be incorporated into new Center (eg mini-wellness center space). First year, project will focus exclusively on those referrals that meet the SMI definition to ensure appropriate use of MHSA dollars. For year two, after being launched by MHSA funding, ADHC will maintain the proposed behavioral health census levels as this is generally 75% of referrals and enrollment. By Year 2, we should also be in our new site which is doubling our daily service capacity.</p>
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# Annual Update Proposed New Spending – CSS (con't)

Additional Crisis NOW	\$1,252,000	As staff continue to finalize the Crisis Now plan for the 3-year pilot project and look at overall Crisis System needs, it has been identified that additional funding is needed in two areas. The biggest area of need not previously accounted for was the new components of the 24/7 call center. When examining the current 24/7 access and crisis line operations and looking towards the needs, enhancements, and improvements to realize a fully-functional 24/7 high-tech call center, there are additional staffing and administrative needs. Additionally, as the overall Crisis system expands in Yolo County to meet the needs of our community, prepare for upcoming State and Federal crisis system changes, and position the Crisis Now launch to be successful, there is an identified need for additional internal HHSA staffing support. It is anticipated that this internal support would be approximately \$300,000 of this \$1,252,000 addition and the remainder would help support the 24/7 high-tech call center piece.
<b>CSS Total</b>	<b>\$3,481,996</b>	



# Additional Proposals Received - CSS

Annual Update Proposals (Not funding)	Reason(s)
<b>CSS</b>	
CSS/PEI-Substance Use Disorder Peer Support and Community Engagement Pilot Program-Proposed budget \$155k (DA/NAMI proposal)	Not advancing ARP currently considering funding Not eligible for MHSA funding
Support Services Immediately After Release from Locked Psychiatric Facilities/Hospitals-Proposed budget \$100k (NAMI proposal)	Unclear of need, additional analysis needed Need covered with existing programming CSS non-FSP funding limitations Reconsider for 3-year Plan
Rapid Response Team for AOT Graduates-Proposed budget \$25k (NAMI proposal)	Unclear of need, additional analysis needed Need covered with existing programming CSS non-FSP funding limitations Reconsider for 3-year Plan
Transit Voucher Program for Mental Health Clients-Proposed budget \$75k (NAMI proposal)	Unclear of need, additional analysis needed Need covered with existing programming CSS non-FSP funding limitations Reconsider for 3-year Plan



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# Additional Proposals Received – CSS (con't)

Annual Update Proposals (Not funding)	Reason(s)
<b>CSS</b>	
Housing [affordable, board care, access, adult residential facilities, transitional & supportive housing]-Proposed budget \$5.4 million (NAMI proposal)	Long term multi-year project Other funding potentially available MHSA cannot be used for Adult Residential Facilities CSS non-FSP funding limitations Reconsider for 3-year plan
Out of County Housing and Support-Proposed budget \$5.5 million (NAMI proposal)	Long term multi-year project Reconsider for 3-year plan Other funding potentially available MHSA cannot be used for Adult Residential Facilities CSS non-FSP funding limitations Reconsider for 3-year plan





# Annual Update Proposed New Spending - PEI

Senior Peer Support Program Increase (Sr Peer Counseling)	\$50,000	A FY22/23 budget increase to cover actual cost of current staff involved in the Senior Peer Counseling Program (50% of Program Coordinator, 25% of Volunteer Manager as well as small portion of Program Director and Director of Patient Care) incurred by YoloCARES. Further, the added funds will allow for increased communication and marketing for the program services and volunteer opportunities in the community.
Mental Health American Rescue Plan Match Funds	\$500,000	MHSA funding to match the \$500,000 in local American Rescue Plan (ARP) funds allocated for Mental Health services in the following categories:(1)Outreach & Engagement to Improve Mental Health and Well-being; (2) Education and Training; (3)Direct Services To improve health outcomes for the community. Provide tools and resources for mental health improvement and wellness, reduce stigma associated with seeking help, and link residents to appropriate mental health services throughout Yolo County.
Mobile Hair Professionals to Support Mental Wellness and Connections	\$7,500	“The ClipDart Giveback” will improve the mental wellness of members of the Yolo County community in two ways: 1) employing hair professionals impacted by the COVID-19 pandemic; 2) providing free haircuts and connections to social services for adults living with mental illness and other disabilities within the Yolo County by working with our nonprofit partners. With a budget of \$7500, our highly-talented team of mobile hair professionals will give free haircuts for six hours every 21 days for one year to the residents of Pine Tree Gardens. “The ClipDart Giveback” will also host 5 mental wellness giveback events across Yolo County at which we offer free haircuts, showers, vaccinations, HIV/HCV testing, clothes, food, toys, hygiene products, and information regarding social services in coordination with our nonprofit partners. The Yolo County Health and Human Services Agency would issue a request for proposals to implement a pilot project for “The ClipDart Giveback” program for up to one year.

# Annual Update Proposed New Spending - PEI(con't)

Public Community Outreach Campaign- Destigmatize Housing	\$300,000	Support a robust community outreach and engagement campaign to destigmatize housing throughout the entire County. This effort would have the objectives and goals of facilitating community town halls, sharing data on the needs of Yolo County residents currently being unmet or met elsewhere, reducing stigma in the community associated with these housing and program opportunities, making recommendations to address barriers and concerns community members bring to light, outreach materials, working with County staff to facilitate a communication strategy, implementing the various components of the County's draft Community Engagement Strategies document.
<b>PEI Total</b>	<b>\$857,500</b>	



# Additional Proposals Received – PEI

Annual Update Proposals (Not funding)	Reason(s)
<b>PEI</b>	
Art Class & NAMI Connection Support Groups \$66k (NAMI Proposal)	No PEI funding available Reconsider for 3-year plan
PEI-Mind + Body Empowerment Workshops-Proposed budget \$200k	No PEI funding available Reconsider for 3-year plan



# Annual Update Proposed New Spending - CFTN

Technology Support Services (tablets)	\$60,000	During the pandemic, tele-med has become easier and more consistent and more widely available. This also opens up opportunities to use clinicians who may be within California but not accessible in person because of distance. This means more access is needed to technology and support. People in support groups need to participate by visually seeing one another and it is difficult to fully engage from a small mobile phone screen. Individuals need to be able to use these technology tools in a room with privacy – which is not easily available in a public library.
Netsmart IT Infrastructure	\$70,000	Additional funding needed to add more discretionary funding to contract as ongoing and upcoming systemic changes needs to support CalAIM implementation surrounding claim submissions, new service and billing codes adoption, health information exchange, and interoperability.
<b>CFTN Total</b>	<b>\$130,000</b>	



# Additional Proposals Received - CFTN

Annual Update Proposals (Not funding)	Reason(s)
<b>CFTN</b>	
YCCC Safe Harbor;Farmhouse*, Be House, Haven House \$854k	Other funding potentially available Limited MHSA CFTN funds Not an MHSA priority *Still in consideration pending discussion with partners; Continuing to assess priority facility needs. Reconsider at 3 Year Plan
CHOC Homestead-Proposed Budget \$475k	Other funding potentially available Limited MHSA CFTN funds Not an MHSA priority Reconsider at 3 Year Plan
CHOC Hotel Woodland* \$2,000,660 Proposed Total Energy Efficiencies \$750,660 Proposed Total for Photovoltaic Option \$1,250,000	Other funding potentially available Limited MHSA CFTN funds Not an MHSA priority *Still in consideration pending discussion with partners; Continuing to assess priority facility needs. Reconsider at 3 Year Plan

# Additional Proposals Received – CFTN (con't)

Annual Update Proposals (Not funding)	Reason(s)
<b>CFTN</b>	
PTG East-Proposed \$450k	Other funding potentially available Limited MHSA CFTN funds Not an MHSA priority Reconsider at 3 Year Plan
PTG West-Proposed \$10k	Other funding potentially available Limited MHSA CFTN funds Not an MHSA priority Reconsider at 3 Year Plan



# Additional Proposals Received - INN

Annual Update Proposals (Not funding)	Reason(s)
<b>INN</b>	
INN-Nutritional Psychiatry Strategies (no budget)	Additional analysis needed Limited INN funds available Reconsider at 3 Year Plan



# Projected MHSA Fund Balance thru June 2023

MHSA Component	Fund Balance - Annual Update	CFTN Transfer	Annual Update Spend Plan	Re-allocation from Mid-Year Spend Plan	Fund Balance
CSS	\$10,899,732	(\$1,171,238)	\$3,481,996		\$6,246,498
PEI	\$0			\$857,500*	\$0
INN	\$150,580				\$150,580
WET	\$52,903				\$52,903
CFTN	(\$8,591)	\$1,171,238	\$130,000		\$1,032,647
Prudent Reserve	NA				
<b>Total</b>	<b>\$11,094,624</b>		<b>\$3,611,996</b>	<b>\$857,500*</b>	<b>\$7,482,628</b>

\* Funding re-allocated from K-12 School Partnership program that was allocated in the mid-year spend plan and thus does not impact the total fund balance remaining



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# Next Steps for MHSA in Yolo County

- Continue to work with Community on Annual Update process
- Consultant/HHSA drafting framework for the Annual Update
- Preview draft spend plan with CEWG, LMHB, BOS in May
- Post in June for Public Comment
- Complete Annual Update in June 2022
- BOS July 2022



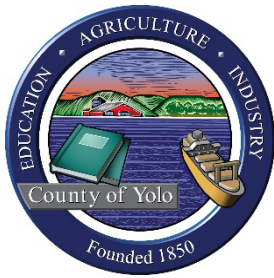
# Acronyms

Acronym	Meaning
AOT	Assisted Outpatient Treatment
BOS	Board of Supervisors
CEWG	Community Engagement Workgroup
CFTN	Capital Facilities and Technology
CHOC	Community Housing Opportunities Corporation
CREO	Creando Recursos y Enlaces Para Oportunidades
CSS	Community Services and Supports
DHCS	California Dept. of Healthcare Services
FSP	Full-Service Partnerships
GSD	General Systems Development

Acronym	Meaning
HHSA	Health and Human Services Agency
IHSS	In-Home Supportive Services
INN	Innovations
LMHB	Local Mental Health Board
MHSA	Mental Health Services Act
NVBH	North Valley Behavioral Health
PEI	Prevention and Early Intervention
PTG	Pine Tree Gardens
SMI	Severe Mental Illness
SUD	Substance Use Disorder
WET	Workforce Education and Training Programs
YCCC	Yolo Community Care Continuum



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# COUNTY OF YOLO

Health and Human Services Agency

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## ***MENTAL HEALTH SERVICES ACT (MHSA)***

### ***Proposals by Organization/Community Member***

#### ***Annual Update FY 2022-2023***

- Community Housing Opportunities Corporation (CHOC)
- ClipDart-Kyle Parker
- Yolo Adult Day Health Center (ADHC)
- FIT House Davis-Lisa Herrington
- NAMI Yolo County
- Pine Tree Garden (PTG) East
- Pine Tree Garden (PTG) West
- Weightless 4 Life
- Yolo Community Care Continuum (YCCC)
- Yolo County Health & Human Services Agency-Additional Information
  - Outreach & Community Engagement-Destigmatize Housing
  - Pine Tree Gardens Transition Support Position
  - Co-Occurring Disorder Assessment and Intake - AB2265
  - Mental Health American Rescue Plan Match Funds



NAMI  
National Alliance on Mental Illness

# Yolo County

## HOMESTEAD COOPERATIVE FACILITY IMPROVEMENTS

### BACKGROUND

Homestead Cooperative is jointly owned by the nonprofits Yolo Community Care Continuum (YCCC) and Community Housing Opportunities Corporation (CHOC) and is home to 21 adults living with a serious mental illness. As a result of the limited income of the residents, YCCC and CHOC have had insufficient funding to maintain the residences or construct and water or energy efficiency improvements. NAMI Yolo County volunteers to bring monthly meals to the residents and has long been aware of the needs at Homestead Cooperative. See the attached letter from CHOC with more information about the need.

### PROPOSED PROJECT

The project will install solar panels and make other energy and water efficiency improvements to reduce operation costs.

### DEGREE OF READINESS

YCCC and CHOC are ready to implement the improvements as soon as funding is available.

### COSTS

Energy efficiency upgrades will cost \$456,769 and water efficiency upgrades will cost \$4,022 for a total project cost of \$460,791.

### CONTACTS

Name	Role	Email	Phone
Terri Smyth Canillo	CHOC	tsmyth@chochousing.org	916-496-0007
Amber Salazar	YCCC	asalazar@y3c.org	530-383-8822
Petrea Marchand	President, NAMI Yolo County (support to owner)	petrea@namiyolo.org	916-505-7191



January 21, 2022

Petrea Marchand  
President, NAMI Yolo County

Re: Homestead Capitol Needs Fundraising

Dear Petrea

Homestead Supportive Housing is *home* to 21 adults living with a chronic mental health condition. As you know, with their fixed income and level of supportive needs, there are very few safe and affordable housing options for these clients in Davis. CHOC is proud of the home environment we can provide them at Homestead.

In affordable housing, regulations allow us to charge a Maximum Allowable Rent, which increases every year. Maximum Allowable Rents allow a property to sustain operations and capital needs of a housing community. Unfortunately, the maximum allowable rents for Homestead far exceed what the clients would be able to afford. CHOC has made a conscience decision to keep the Homestead rents far below the allowable rates. We understand that the max rent rates would displace the fragile population we house and serve at Homestead. In addition, the property pays for ALL utilities, monthly cleaning services, and assists our tenants with basic furniture needs upon move in, essential costs for this population.

These financial commitments have left minimal funding for capital needs projects and major repairs. The inability to create more energy efficient upgrades and measures doesn't allow the property to benefit from the cost savings associated with these upgrades.

We are thrilled at the opportunity to partner with NAMI Yolo County to fundraise for energy efficient upgrades, which would result in dramatic cost savings for the property. Those savings can then be used to focus on the capital needs and upgrades for the tenant's units and living spaces. Ultimately, the final outcome would be enhancing the quality of life and comfort for our residents.

An energy specialist vendor has completed a thorough assessment of the property. Below is an outline of the energy savings projects recommended, with the cost and energy savings estimates. They suggest we upgrade very dated heating and cooling systems in all 5 buildings, upgrade interior and exterior lighting, and adding solar (with a covered patio area for the tenants). The HVAC and lighting upgrades lower energy consumption and then the solar and batteries offset what still remains. In addition, the upgrades would create a drop in cost over the years on gas for the boiler systems in place now, and assurance of no slab issues or massive repair bills to the radiant system, which could be in the tens of thousands of dollars if the system failed.



### ***Energy Upgrade Recommendations and energy savings:***

- (1) Replacing 24 thru the wall units. Run new 220v electrical and upsize circuits as needed. Install thru the wall heat pump units. (These units heat and cool each individual unit) Estimated at \$3711 each unit, totaling \$89,064.
  - 50% Total Bill Savings = Approximately \$875 Monthly - Save 30% of existing kWh usage but will increase kWh usage due to changing from gas heaters to electric heat pumps, this will increase the electrical usage by 50% because we are cutting out using gas
- (2) Replace 4-ton split system at D building. Estimated \$13,500.00.
  - 26% Therms Savings = Approximately \$307 Monthly
- (3) Replace 2.5-ton split system and electrical upgrades to C building. Estimated \$11,000.00.
  - 15% Therms Savings = Approximately \$177 Monthly
- (4) Installing solar to replace majority of existing utility bill. This includes batteries for each building and shade structure for tenants. Estimated \$319,000.
  - The Solar System is scheduled to produce 70,464 yearly kWh
- (5) All interior and exterior fixtures updated to LED Lighting. Estimated \$24,205
  - 20% Electrical Savings = Approximately \$230 Monthly

Total for all capitol upgrades for maximum energy efficiency and savings, \$456,769.00

### ***Energy Upgrade Savings Summary:***

- 70,000 kWh are currently being used annually
- save approximately 21,000 kWh annually from the HVAC wall units
- save approximately 14,000 kWh annually from the lighting
- adding an additional 35,000 kWh annually by changing from heating the units with gas to heating the units with electric heat pumps
- by changing the heat pumps, the increased electrical usage is offset by the more efficient air-conditioning and lighting units.
- the solar that we plan is to provide enough electrical power to operate the building, the batteries we've included are so that the solar panels can charge the batteries during the day and the tenants can use the electricity at night.
- the fossil fuel gas that we are saving by changing the heaters to electricity will be replaced with solar renewable energy.



**Water Efficiency Upgrades and savings:**

- (1) Replacement of shower heads to decrease water consumption. Replacement of 13 showerheads @ 43.00 each = **\$572.00**
  - Low flow shower heads can decrease water consumption by 40 -50%. Showers take energy to heat the water, thus cutting down on water usage also cuts down on energy usage. This not only conserves water, but it cuts down on our monthly water bill providing significant end of year savings.
- (2) Replacement of current toilets to more efficient low-flow models. Replacement of 15 toilets @ 230.00 = **\$3,450.00**
  - By replacing older toilets with Low-flow toilets, it can result in a 54% reduction in water usage. Low flow toilets significantly reduce the amount of water needed to channel waste through the plumbing.

In addition, as discussed, fundraising for annual services and activities to increase the socialization and independent living skills for the residents, in the amount of **\$25,000**.

**Total Costs for Upgrades and Activities:**

Energy Efficiency Upgrades:	<b><u>\$456,769.00</u></b>
Water Efficiency Upgrades:	<b><u>\$4,022.00</u></b>
Activities for tenants:	<b><u>\$25,000.00</u></b>

We appreciate your partnership and support in these efforts to increase the quality of life for our residents. Please reach out if you need any further information.

Thank you

A handwritten signature in green ink that reads "Terri'smyth Canillo".

Terri Smyth Canillo, MSW  
Vice President of Community Impact



NAMI  
National Alliance on Mental Illness

# NAMI | Yolo County

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### BACKGROUND

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### PROPOSED PROJECT

The project will install solar panels and make other energy and water efficiency improvements to reduce operation costs.

### DEGREE OF READINESS

YCCC and CHOC are ready to implement the improvements as soon as funding is available.

### COSTS

Energy efficiency upgrades will cost \$456,769 and water efficiency upgrades will cost \$18,100 for a total project cost of \$474,869.

### CONTACTS

Name	Role	Email	Phone
Terri Smyth Canillo	CHOC	tsmyth@chochousing.org	916-496-0007
Amber Salazar	YCCC	asalazar@y3c.org	530-383-8822
Petrea Marchand	President, NAMI Yolo County (support to owner)	petrea@namiyolo.org	916-505-7191





March 30, 2022

Petrea Marchand  
President, NAMI Yolo County

Re: Homestead Capitol Needs Fundraising

Dear Petrea

Homestead Supportive Housing is *home* to 21 adults living with a chronic mental health condition. As you know, with their fixed income and level of supportive needs, there are very few safe and affordable housing options for these clients in Davis. CHOC is proud of the home environment we can provide them at Homestead.

In affordable housing, regulations allow us to charge a Maximum Allowable Rent, which increases every year. Maximum Allowable Rents allow a property to sustain operations and capital needs of a housing community. Unfortunately, the maximum allowable rents for Homestead far exceed what the clients would be able to afford. CHOC has made a conscience decision to keep the Homestead rents far below the allowable rates. We understand that the max rent rates would displace the fragile population we house and serve at Homestead. In addition, the property pays for ALL utilities, monthly cleaning services, and assists our tenants with basic furniture needs upon move in, essential costs for this population.

These financial commitments have left minimal funding for capital needs projects and major repairs. The inability to create more energy efficient upgrades and measures doesn't allow the property to benefit from the cost savings associated with these upgrades.

We are thrilled at the opportunity to partner with NAMI Yolo County to fundraise for energy efficient upgrades, which would result in dramatic cost savings for the property. Those savings can then be used to focus on the capital needs and upgrades for the tenant's units and living spaces. Ultimately, the final outcome would be enhancing the quality of life and comfort for our residents.

An energy specialist vendor has completed a thorough assessment of the property. Below is an outline of the energy savings projects recommended, with the cost and energy savings estimates. They suggest we upgrade very dated heating and cooling systems in all 5 buildings, upgrade interior and exterior lighting, and adding solar (with a covered patio area for the tenants). The HVAC and lighting upgrades lower energy consumption and then the solar and batteries offset what still remains. In addition, the upgrades would create a drop in cost over the years on gas for the boiler systems in place now, and assurance of no slab issues or massive repair bills to the radiant system, which could be in the tens of thousands of dollars if the system failed.



### ***Energy Upgrade Recommendations and energy savings:***

- (1) Replacing 24 thru the wall units. Run new 220v electrical and upsize circuits as needed. Install thru the wall heat pump units. (These units heat and cool each individual unit) Estimated at \$3711 each unit, totaling \$89,064.
  - 50% Total Bill Savings = Approximately \$875 Monthly - Save 30% of existing kWh usage but will increase kWh usage due to changing from gas heaters to electric heat pumps, this will increase the electrical usage by 50% because we are cutting out using gas
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- (4) Installing solar to replace majority of existing utility bill. This includes batteries for each building and shade structure for tenants. Estimated \$319,000.
  - The Solar System is scheduled to produce 70,464 yearly kWh
- (5) All interior and exterior fixtures updated to LED Lighting. Estimated \$24,205
  - 20% Electrical Savings = Approximately \$230 Monthly

Total for all capitol upgrades for maximum energy efficiency and savings, \$456,769.00

### ***Energy Upgrade Savings Summary:***

- 70,000 kWh are currently being used annually
- save approximately 21,000 kWh annually from the HVAC wall units
- save approximately 14,000 kWh annually from the lighting
- adding an additional 35,000 kWh annually by changing from heating the units with gas to heating the units with electric heat pumps
- by changing the heat pumps, the increased electrical usage is offset by the more efficient air-conditioning and lighting units.
- the solar that we plan is to provide enough electrical power to operate the building, the batteries we've included are so that the solar panels can charge the batteries during the day and the tenants can use the electricity at night.
- the fossil fuel gas that we are saving by changing the heaters to electricity will be replaced with solar renewable energy.



***Water Efficiency Upgrades and savings:***

1. Low flow toilets – 1.28 gallons \$500 installed (versus older six gallon units)
  - a. By replacing older toilets with Low-flow toilets, it can result in a 54% reduction in water usage. Low flow toilets significantly reduce the amount of water needed to channel waste through the plumbing
2. Low flow shower heads - \$100 installed
  - a. Low flow shower heads can decrease water consumption by 40 -50%. Showers take energy to heat the water, thus cutting down on water usage also cuts down on energy usage. This not only conserves water, but it cuts down on our monthly water bill providing significant end of year savings.
3. Rainbird irrigation controller – weather programmed \$600 x 2
4. Irrigation upgrades – low flow sprinkler heads and valve upgrades \$3,000
5. Kitchen Sink faucets - \$400 installed
6. Bathroom faucets - \$100 installed
7. Water bottle filling station with filtration and cooling - \$3,500 installed

**HOMESTEAD Water Efficiency and Savings Measures Cost Analysis**

1. Low flow toilets – 1.28 gallons \$500 installed (versus older six gallon units)  
17 Toilets x \$500 = \$8500.00 total
  2. Low flow shower heads - \$100 installed  
13 shower heads x \$100 = \$1300.00 total
  3. Rainbird irrigation controller – weather programmed \$600 x 2  
\$600 x 2 = \$1200.00 total
  4. Irrigation upgrades – low flow sprinkler heads and valve upgrades \$3,000  
\$3,000.00 total
  5. Kitchen Sink faucets - \$400 installed  
4 kitchen sink faucets x \$400 = \$1600.00 total
  6. Bathroom faucets - \$100 installed  
17 Bath faucets x \$100 = \$1700.00 total
  7. Water bottle filling station with filtration and cooling - \$3,500 installed  
\$3500.00 total
- TOTAL FOR HOMESTAD WATER EFFICIENCY UPGRADES: \$18,100.00**



**Total Costs for Upgrades and Activities:**

Energy Efficiency Upgrades: \$456,769.00

Water Efficiency Upgrades: \$18,100.00

Activities for tenants: \$25,000.00

We appreciate your partnership and support in these efforts to increase the quality of life for our residents. Please reach out if you need any further information.

Thank you

A handwritten signature in green ink that reads "Terri Smyth Canillo".

Terri Smyth Canillo, MSW  
Vice President of Community Impact



March 30, 2022

Community Health Director Brian Vaughn,  
MHSA Coordinator Fabian Valle, and Cultural Competence Program Coordinator Tessa Smith  
Yolo County Health and Human Services Agency

Via Email: [MHSA@yolocounty.org](mailto:MHSA@yolocounty.org)

Regarding: Identified Need for Facility Upgrades for Yolo County Seriously Mentally Ill Clients, Seeking  
MHSA CFTN Funding

Dear MHSA Team:

Hotel Woodland is **home** to 76 tenants, residing in a historic hotel that Community Housing Opportunities Corporation (CHOC) converted to a Single Room Occupancy residence. The population that is housed are adults, with an estimated 80% on a fixed disability income.

Affordable housing regulations allow owners to charge a Maximum Allowable Rent, which increases every year. Maximum Allowable Rents allow a property to sustain operations and capital needs of a housing community. Unfortunately, the maximum allowable rents for Hotel Woodland far exceed what the clients would be able to afford. CHOC has made a conscious and conscientious decision to keep the rents far below the allowable rates. This prevents the displacement of the disabled adults we house, and in turn, prevents an undue number of unsheltered clients in the county. The property pays for ALL utilities, monthly cleaning services for all tenant units, and provides all basic furniture needs upon move in; essential costs for this population. In addition, due to the high need of the population, the property operating budget supports a social worker on-site, 20 hours per week.

**We estimate approximately 35% of the tenants housed at Hotel Woodland are engaged in county mental health services. This is a much lower number than the 70% of assessed tenants that are in need.** To compound this, we estimate approximately 65% of tenants are struggling with an active substance use disorder (SUD) without any treatment services. Most of this unserved population lacks the insight and judgment to engage in services, and creates a gap in care and the safety net that many need. Understanding they possess the right to refuse mental health and substance abuse services, it doesn't eliminate the need for increased support for the tenants at the property.

Due to this increased need for support, CHOC makes a commitment to fund a 20 hour per week social worker to work with the tenants and provide resources, referral, case management, and group services. This is not a regulatory requirement, it's an ethical and moral decision made by



the organization. The added social worker staff time impacts the operating expenses, which in turn affects the supply of funds available for capital projects that emerge; unexpectedly or planned. Ultimately, CHOC understands the need for this financial commitment, and the safeguard it creates for its tenants.

These financial commitments leave minimal funding for capital needs projects and major repairs. The inability to create more energy efficient upgrades and measures doesn't allow the property and it's residents to benefit from the cost savings associated with these upgrades.

The financial structure of an Affordable Housing Community precludes getting funds through traditional refinance sources. Current market conditions and regulatory restrictions lead almost all Affordable Housing properties to seek funding through a new Tax Credit syndication. That avenue takes years and costs a property many thousands of dollars in legal and consulting fees. It is not a quick process and the needs at Hotel Woodland are immediate.

We are thrilled at the opportunity to partner with NAMI Yolo County to secure funding for energy and water efficiency upgrades, which would result in dramatic cost savings for the property. Those savings can then be used to focus on the capital needs and upgrades for the tenants' units and living spaces. Ultimately, the final outcome would be enhancing the quality of life and comfort for our residents.

In conjunction with the energy and water efficiency upgrades, there is a need for a new elevator as an immediate health and safety measure. We feel this is a **FIRST PRIORITY NEED**. Hotel Woodland only has 1 elevator and it is the main mode of transportation between the lobby and all three floors, being utilized 24 hours a day, 7 days a week. We estimate approximately 90% of the tenants at Hotel Woodland use the elevator due to a mobility issue or disability. Unfortunately, the elevator has been out of service or shut off for emergency repairs a few times, leaving tenants without a safe and reliable way to get between their units, the community room and the lobby. When these emergency situations happen, an extra amount of staff time is used to create safety plans, and arrange for tenants to get groceries, medications, and other necessities. Should there be a fire while the elevator is not working, it would be very difficult for some residents to evacuate the building by stairway. The ability to update the elevator to recent health and safety measures would not only be a tremendous relief to the tenants and staff, it is a crucial item that the property does not have the funding for.

Below is an assessment and outline of the energy, water and the health and safety measures for Hotel Woodland. We understand that funding is limited, and need is high, so we have indicated **PRIORITIZED PROJECTS** as such below. Final calculations also reflects this prioritization.

**Energy Efficiency Upgrades and savings:**

**(1) LED lighting upgrade in the building \$7,000 \*PRIORITY PROJECT\***

- Hotel Woodland has been on an LED retrofit program over the past few years however there are many lights that require conversion.
- Savings: Approximately \$50/month.

**(2) Replace hot water boilers – total cost \$93,150 \*PRIORITY PROJECT\***

- The current units are 35 years old, rusting and likely to fail in the next few years.
- These older units are 80% efficient and the new units will be 91% efficient.
- Cost savings is less significant than the need for hot water in general and the end of useful life of the units is near.
- Savings: Approximately 60 therms/month = approximately \$100/month.

**(3) Install new HVAC, eliminate gas heating entirely \$172,250 \*PRIORITY PROJECT\***

- Install new heat pump high efficiency units.
- New electrical and freon lines.
- Savings: Approximately 2,815 kWh/month = Approximately \$844/month.
- Savings: Approximately 216 Therms/month = Approximately \$400.

**(4) Install solar thermal system - \$133,560**

- (Note: this requires collaboration for roof space with other condominium owners)
- Preheat water with the sun.
- Approximately 800 sq ft of collectors, 1200 gallons of storage.
- Savings: Approximately 252 therms/month = approximately \$400/month.

**(5) Install photovoltaic solar - \$1,250,000**

- A 270 KW system is needed for the 78 units. The square footage required does not allow it to be placed on the roof of the building. Additionally, the other condominium owners would also need to agree and this would preclude them from having their own solar system.
- The alternative is to utilize the City-owned parking lot and install shade structures with solar panels. This requires a public-private partnership that makes sense for both parties but is not guaranteed.



*Energy Upgrade Savings Summary:*

- Summary: 30,000 kWh are currently being used annually to cool the building
- We are going to save approximately 12,000 kWh annually from changing out the old HVAC equipment
- We are going to save approximately 2,000 kWh annually from upgrading the lighting to LED
- We will be adding an additional 32,000 kWh annually by changing from heating the units with gas to heating the units with electric heat pumps.
- By adding the heat pumps, the increased electrical usage is offset by the more efficient air-conditioning, lighting units and solar.
- The building will not use gas to heat the rooms any more, you will save an average of 216 therms/month for approximately 1,300 therms annually.
- The fossil fuel gas that we are saving by changing the heaters to electricity will be replaced with solar renewable energy.

**TOTAL ENERGY EFFICIENCY UPGRADES: \$405,960**

**TOTAL FOR PHOTOVOLTAIC OPTION: \$1,250,000**





### **Water Efficiency Upgrades and savings:**

1. Low flow toilets – 1.28 gallons \$500 installed (versus older six gallon units)
  - a. By replacing older toilets with Low-flow toilets, it can result in a 54% reduction in water usage. Low flow toilets significantly reduce the amount of water needed to channel waste through the plumbing (76 units)
2. Low flow shower heads - \$100 installed
  - a. Low flow shower heads can decrease water consumption by 40 -50%. Showers take energy to heat the water, thus cutting down on water usage also cuts down on energy usage. This not only conserves water, but it cuts down on our monthly water bill providing significant end-of-year savings. (76 units)
3. Kitchen Sink faucets - \$400 installed (76)
4. Bathroom faucets - \$100 installed (152 – two per sink)
5. Water bottle filling station with filtration and cooling - \$3,500 installed

### **Hotel Woodland Water Efficiency and Savings Measures Cost Analysis**

1. Low flow toilets – 1.28 gallons \$500 installed (versus older six gallon units)  
76 Toilets x \$500 = \$38,000.00 total
2. Low flow shower heads - \$100 installed  
76 shower heads x \$100 = \$7,600.00 total
3. Kitchen Sink faucets - \$400 installed  
76 kitchen sink faucets x \$400 = \$30,400.00 total
4. Bathroom faucets - \$100 installed  
152 Bath faucets x \$100 = \$15,200.00 total
5. Water bottle filling station with filtration and cooling - \$3,500 installed  
\$3500.00 total

**TOTAL WATER EFFICIENCY UPGRADES: \$94,700.00**



**Health and Safety Upgrade \*PRIORITY PROJECT\***

Needed repairs and replacements to elevator for current health and safety measures

**TOTAL ELEVATOR UPGRADES: \$250,000**

**Summary of Costs for Identified Needs**

**TOTAL COSTS FOR ALL UPGRADES:** \_\_\_\_\_ **PRIORITY PROJECTS:**

Energy Efficiency Upgrades:	\$405,960.00	<b><u>\$272,400.00</u></b>
Solar photovoltaic option:	\$1,2500,00.00	
Water Efficiency Upgrades:	\$94,700.00	
Health & Safety Elevator:	\$250,000.00	<b><u>\$250,000.00</u></b>

**PRIORITY PROJECTS TOTAL: \$522,400.00**

We appreciate your partnership and support in these efforts to increase the quality of life for our residents. Please reach out if you need any further information.

Thank you

A handwritten signature in green ink that reads "Terri Smyth Canillo".

Terri Smyth Canillo, MSW  
Vice President of Community Impact



# COUNTY OF YOLO

Health and Human Services Agency

## ***MENTAL HEALTH SERVICES ACT (MHSA): Additional Community Feedback***

### ***Annual Update FY 2022-2023***

Additional Community Feedback may be submitted to MHSA for the Annual Update process. Please submit this information to [mhsa@yolocounty.org](mailto:mhsa@yolocounty.org) by Friday April 15, 2022. MHSA Annual Updates are published every year and available at [www.yolocounty.org/mhsa](http://www.yolocounty.org/mhsa).

#### **Project Title:**

The ClipDart Giveback

#### **What is the identified issue or gap in service?**

COVID-19 has disproportionately impacted people who are living with a mental illness or a substance use disorder, especially those of color, which highlights that health equity is still not a reality in many communities within Yolo County. The mental wellness concerns of those living with a mental illness, such as low-self esteem, anger management, relationship struggles, balancing work & life, anxiety of death, stress of competition, etc. have all increased dramatically due to the pandemic and especially within those living with SMI and SED.

Also, in 2020, the hair industry was deemed non-essential. Thus, (1) many hair professionals experienced significant financial losses and are still struggling to sustain business demands and expenses (2) the accessibility and affordability of a great haircut experience have significantly decreased post-pandemic.

#### **What is the recommended solution, or concept?**

“The ClipDart Giveback” will improve the mental wellness of members of the Yolo County community in two ways: 1) employing hair professionals impacted by the COVID-19 pandemic; 2) providing free haircuts and connections to social services for adults living with mental illness and other disabilities within the Yolo County by working with our nonprofit partners. With a budget of \$7500, our highly-talented team of mobile hair professionals will give free haircuts for six hours every 21 days for one year to the residents of Pine Tree Gardens. “The ClipDart Giveback” will also host 5 mental wellness giveback events across Yolo County at which we offer free haircuts, showers, vaccinations, HIV/HCV testing, clothes, food, toys, hygiene products, and information regarding social services in coordination with our nonprofit partners. The Yolo County Health and Human Services Agency would issue a request for proposals to implement a pilot project for “The ClipDart Giveback” program for up to one year.

The proposed project will help an important segment of this community, the hair professionals who often are a source of advice, counsel, and friendship for their clients, as well as the individuals who receive the haircuts or participate in the mental wellness giveback events. “The ClipDart Giveback” will provide hair professionals an

incredible opportunity to earn additional income helping people in need by providing guaranteed appointments on specific days, while improving the mental wellness of those who need it most through “free” haircuts and genuine conversation. In addition, “The ClipDart Giveback” mental wellness giveback events will connect those living with mental illness to goods and services, as well as providing an opportunity for meaningful social interaction.

With the funding, we can have a high frequency of haircuts, which is needed to truly improve the mental wellness of those living with mental illness. The frequent sessions help hair professionals and the people we serve increase confidence, decrease anxiety, foster community, and simply enjoy simple social interactions during and after this unpredictable, economically unstable, and protracted pandemic.

**Budget (if applicable)?**

The budget would be \$7500/year. This would include scheduled appointments with one non-profit partner (Pine Tree Gardens) every 21 days and five mental wellness giveback events across Yolo County.

**Contact information, organization (if applicable), and the population you are representing or advocating for (children, transition age youth, adults, older adults)?**

Organization Name: The ClipDart Giveback

Contact Information for Kyle Parker (Founder/CEO):

- Phone number: 773-230-0638
- Email: [Kyle@ClipDart.com](mailto:Kyle@ClipDart.com)
- Website: [www.ClipDart.com/theclipdartgiveback](http://www.ClipDart.com/theclipdartgiveback)

Target Population: Adults living with mental illness



# COUNTY OF YOLO

## Health and Human Services Agency

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**Project Title: Pathways, a care coordination program serving at-risk adults.**

**What is the identified issue or gap in service?** There is an unmet need for services for older adults with SMI across all MHSA service components particularly for early, preventative and crisis interventions. Yolo Adult Day Health Center has been a valued resource to serve this cohort; we enroll MHSA referrals and target adults excluded from MHSA dollars due to diagnosis of dementia despite psychosis and other SMI qualifying diagnoses. Looking at the Center's enrollment, on average at any given time, 75% of the participants are prescribed psychotropic medications with correlating mental health diagnoses in varying levels of severity with the most common being bipolar, psychosis disorder, schizophrenia, or substance abuse disorder. Additionally, many participants and caregivers are being treated for depression and anxiety which corroborates the understanding that living long term with chronic illness, loss of function, caregiver burnout and cognitive loss significantly impact mental health. Another underserved cohort in our County is individuals with neurocognitive disorder with related psychosis which manifests as decline in thinking and problem-solving skills, as well as delusions or hallucinations of psychosis and can trigger other problems such as anxiety, aggression, sleeplessness, agitation and lack of inhibition.

With limited internal licensed behavioral health expertise and community care coordination options, the current service network is unable to meet community needs let alone the growing demand being presented by the aging population. Some relief will be achieved in early 2023 when ADHC completes its expansion project doubling in capacity. Additionally, with the opportunity provided by CalAIM, we see a new source of relief with Enhanced Case Management. Using ECM, we will be able to support clients who are not ADHC participants and also layer on additional support for the high acuity behavioral health ADHC participants. Using the ECM tools, YADHC will be able to expand and deepen current support for aging and disabled adults with mental health issues for Yolo County residents who are currently served and not served by adult day health care or YCMH.

**What is the recommended solution, or concept?** Support the one time need for dollars to development of a comprehensive case management program based on newly rolled out Enhanced Case Management to be named Pathways. Pathways will receive referrals from Partnership HealthPlan who identifies individuals who have been identified as having complex clinical and non-clinical needs. Additionally, we can receive referrals from YCMH and seek PHP approval for ECM. By assessing status of social determinants of health and working with the individuals' provider network, the team (individual, clinicians, care network) will develop person centered care plans to work towards life stability and improved health outcomes. **Pathways model with use bachelor's level or well-seasoned non-degree case managers, community health workers and an LCSW as the core team.** The ADHC's clinical interdisciplinary team which consists of social workers, nurses, rehab (PT, OT and Speech), dietician and activity specialists will be available for consultation. This provides a robust team providing support to individuals that are part of the Pathways (ECM).

One key contributions we see to YCMH care system is the ability to add support to shared clients with the community health worker who will be able to tend to operate outside our four walls with transportation needs for appointments and other critical but time consuming tasks.

**Budget (if applicable)?** Attached. We are requesting a one-time grant of \$152,120

**Contact information, organization (if applicable), and the population you are representing or advocating for (children, transition age youth, adults, older adults)?** We will be focusing on adult and older adults with complex mental health needs who would also benefit from medical, cognitive, and functional supports to ensure we are addressing MHSA criteria for a grant.

### Summary Addendum Requested by Ian Evans 5.2.22

Yolo Adult Day Health has been serving Medi-Cal SMI clients for 38 years; many in concert with YCMH and others depending on primary doctor only. We have always been a key referral source for YCMH due to the interdisciplinary nature of our program in that we offer high and frequent touches while offering medical, social, rehab and behavioral health support to achieve and maintain stability in the community. **With the opportunity provided by CalAIM and in particular, Enhanced Case Management, YADHC has an opportunity to extend already provided services to provide more support to YCMH and non-YCMH behavior health clients.**

#### What service gap or underserved population are we addressing?

1. Older and disabled adults are underrepresented in MHSA spending yet prevalence of mental health impacting independent living is significant and growing. According to NIMH, prevalence of severe and persistent mental illness for older adults is between 1% to 9.8% (schizophrenia, bipolar and major depressive disorder) [<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6553879/>]
2. Family caregivers experiencing SMI level depression and anxiety as a result of caring for of mentally ill and cognitively impaired patients.

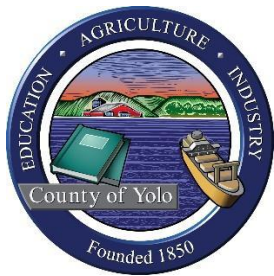
#### How does County Benefit?

1. One component of ECM will focus on behavioral health participants that we share with YCMH and will alleviate the need for County medical and other transportation and County case management.
2. Second component will be **immediate and timely** response to YCMH referrals seeking adult day health care and/or ECM support. Currently referrals are on waiting list for up to a year. With ECM, an assessment of social determinants of health and subsequent care plan will be completed within 5 business days.
3. This project needs only start-up funding. Within 12 months, program will be self-sufficient with PHP ECM reimbursements and addressing adult and older adult needs for a many years to come; no need to request more MHSA dollars for support.
4. There is no other program in the County that can provide both the community-based care coordination for high risk population and have the consultative support of Center's interdisciplinary team that consists of nurses, social workers, rehab specialists, dietician, quality socialization and more. For non-CBAS SMI patients, the team is available for consult and socialization opportunities may well be incorporated into new Center. We are thinking a mini-wellness center space.
5. First year, project will focus exclusively on those referrals that meet the SMI definition to ensure appropriate use of MHSA dollars. For year two, after being launched by MHSA funding, we will maintain the proposed behavioral health census levels as this is generally 75% of referrals and enrollment. By Year 2, we should also be in our new site which is doubling our daily service capacity.

**Serious mental illness (SMI)** is defined as a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities. The burden of mental illnesses is particularly concentrated among those who experience disability due to SMI. (Source: *National Institute of Mental Illness*)

**Pathways Pro Forma**

	<b>Hourly</b>	<b>FTE</b>	<b>Annual Hours</b>	<b>Benefits</b>	<b>Cost \$ Total</b>
Program Supervisor/Care Coordinator	\$35.00	1	2080	1.35	\$98,280
Community Health Worker	\$20.00	2	2080	1.35	\$112,320
LCSW	\$65.00	0.25	520	1.35	\$45,630
Billers	\$25.00	0.25	520	1.35	\$17,550
				<b>Annual Staffing Costs:</b>	\$273,780
				<b>Annual Supplies (equip, space, milage, fuel):</b>	\$8,000
				<b>Total Annual Costs:</b>	\$281,780
<b>CalAIM Revenue:</b>					
<b>PMPM</b>	\$350				
<b>Caseload Goal:</b>	70				
	\$294,000			<b>Annual CalAIM Revenue:</b>	\$294,000
				<b>Gain/Loss:</b>	<b>\$12,220</b>
<b>Program Supervisor/Care Coordinator</b>	1:5			Ratio of Care Coordinator per CHW	
<b>CHW</b>	30			Anticipated Caseload	



# COUNTY OF YOLO

Health and Human Services Agency

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## ***MENTAL HEALTH SERVICES ACT (MHSA): Additional Community Feedback***

### ***Annual Update FY 2022-2023***

Additional Community Feedback may be submitted to MHSA for the Annual Update process. Please submit this information to [mhsa@yolocounty.org](mailto:mhsa@yolocounty.org) by Friday April 15, 2022. MHSA Annual Updates are published every year and available at [www.yolocounty.org/mhsa](http://www.yolocounty.org/mhsa).

#### **Project Title:**

### ***INTERACTIVE Mind + Body Empowerment Workshops - A Collaboration between Mental Health and Physical Health Professionals***

#### **What is the identified issue or gap in service?**

The pandemic created an unprecedented amount of stress and trauma in young children, teens, school district staff, and educators, with many of them still experiencing post-pandemic grief. The existing early intervention and prevention mental health system, currently a partnership between the Yolo County Health and Human Services Agency and school districts in Yolo County, is exploring new opportunities to address this serious mental health issue. One such opportunity is merging visits with mental health clinicians, physical therapists, and personal trainers into sessions to help children, teens, educators, and staff cope with ongoing stress associated with pandemic trauma and other significant mental health conditions. Mental health clinicians, physical therapists, and personal trainers traditionally provide services separately, but increasingly individuals living with mental health conditions and professionals providing mental health services recognize the benefits of a holistic mental and physical health approach to mental well-being. In addition, mental health professionals increasingly recognize the need to provide welcoming, non-traditional, engaging opportunities to access the mental health system because of protracted stigma regarding seeking help for mental health conditions. The proposed project envisions interactive mind and body empowerment workshops designed to both provide a new approach to mental well-being and an opportunity for people to learn about mental health resources in the community. These workshops will bring together clinicians, physical therapists, and personal trainers who historically have provided services separately to help improve the mental health of K-12 children, educators, and school district staff.

According to an April 12, 2022 New York Times article, “an influential group of experts are recommending for the first time screening all children ages 8-18 for for anxiety,” as a result of a combination of factors including increased stress from the pandemic. The proposed interactive workshops will not only help provide tools and support for students and school district staff to manage stress and anxiety disorders; they will also help connect the students’ parents and caregivers to additional resources.



## **What is the recommended solution, or concept?**

The Yolo County Health and Human Services Agency would issue a request for proposals to implement a pilot project for quarterly mind and body empowerment workshops offered at a central location in each school district around Yolo County for up to two years. Workshop attendees would be provided with multiple tools proven, with practice, to overcome negative feelings and to improve overall well-being. In addition, the workshops will connect audiences with mental health resources if they need further assistance, including services offered by the new Yolo County Health and Human Services K-12 School Partnership Program. A representative from the K-12 School Partnership Program will be offered an opportunity to speak and engage with participants at every workshop.

A licensed mental health clinician, licensed physical therapist, and certified personal trainer/wellness counselor will facilitate the workshops, designed to empower attendees to understand what happens to their mind and body during stressful and traumatic transitions (e.g. the pandemic)). The workshop is an interactive experience introducing tools such as guided journaling, traditional therapy, movement therapy (i.e. gentle exercise) and mindfulness techniques to navigate through these transitions.

The workshop will be divided into three sections with breaks in the middle for guided journaling and mini movement breaks, during which a personal trainer will lead participants through stretches and light exercise. Journaling helps calm the mind and alleviate negative thoughts, while exercise helps release negative emotions and stress stored in the body.

The first section, presented by a licensed therapist, will address the impact of emotional stress and trauma. The different stages of grief will be discussed (shock, anger, sadness, guilt, bargaining, acceptance, finding meaning (newest stage of grief)). The goal of this section is to help the audience understand that what they may feel or have felt is a normal reaction to challenge and change.

In the second part, the physical therapist discusses how challenges, stress, grief and trauma can show up in our bodies - how these feelings manifest in our nervous system and can elicit responses such as fight or flight, rapid heart beat, shallow breathing, etc. Anxiety can cause a heavy feeling in the chest, for example, a twinge in the shoulder may be related to the stress and worry over external matters. Regardless of age, it is so important to empower everyone with an understanding of what may be happening to their mind and body when presented with difficult situations and to access self-help tools and professional services to help them address anxiety, depression, or other mental health conditions.

In the third part, a personal trainer/fitness expert/wellness coach will discuss the benefits of working out and how exercise has a positive impact on emotional and physical health, as well as how to overcome roadblocks to beginning or maintaining an exercise program. and the importance of getting your Daily D.O.S.E (dopamine, oxytocin, serotonin, endorphins) which are natural hormones released through movement that create feelings of happiness, calm, euphoria, accomplishment. Different types of workouts will be discussed with emphasis placed on those that are easily accessible and free for all. In addition to working out, tools such as mindful meditation and breathing techniques will be introduced in an interactive format.

The final part of the workshop will give the audience an opportunity to get up and move their bodies in a 15 minute low-intensity, high energy, music driven workout led by the certified fitness trainer. The workout will close with a mindfulness exercise and journaling allowing for reflection on how participants feel at the end of the session in comparison to the beginning.

Questions and an opportunity to share thoughts will be allotted at the end.

As noted above, an invitation will be extended to representatives from the K-12 School Partnership Program to attend and present information about existing mental health county resources. The workshop facilitators will collaborate with Yolo County to develop a referral system in partnership with the County for people who need additional services. The more education these workshops can provide about where to seek further assistance, the more people we can help connect to the correct mental health services and programs.

With regards to locations for workshops, classrooms would provide sufficient space or multi-purpose rooms/gymnasiums. The workshop can also be facilitated outdoors provided there is privacy and the acoustics are good. There needs to be enough room for discussion, journaling and exercise. Goal would be to reach as many students, educators and administrators through these workshops - accessibility to them in a location on campus would help with this but the workshop can be done anywhere (virtually too!).

### **Budget**

\$200,000 for Interactive Workshops in 25 Yolo County Middle School + High Schools with an additional 5 workshops designed specifically for educators and administrative staff since they are the front lines for many Yolo County students. Funding would be utilized for the following schools during a pilot program:

**Woodland Unified School District** - Douglas Middle School, Lee Middle School, Cache Creek High School, Pioneer High School, Woodland High School, Adult Education

**Winters Unified School District** - Winters Middle School, Winters High School, Wolfskill Career Readiness Academy

**Washington Unified School District** - River City High School, Washington Middle College High School, Yolo Education Center, Washington Adult School, Washington Unified Virtual Academy

**Esparto Unified School District** - Esparto Middle School, Esparto High School, Madison High School

**Davis Unified School District** - DaVinci (Middle and HS), Harper Middle School, Holmes Middle School, Emerson Middle School, Davis School for Independent Study, King High School, Davis Senior High School

Interactive workshops facilitated throughout fall/winter/spring quarters (evenly distributed per district each quarter). 25 total workshops (one in each middle school and highschool in Yolo County) will be administered during the one-year, pilot program period; plus an additional 5 workshops designed specifically for educators and administrative staff will be available for each school district to utilize. The pilot program will include performance measures. Workshop content can be presented in-person or virtual. Initial pilot program would be in-person with the option to film content for schools who would prefer a virtual option.

### **Contact information, organization (if applicable), and the population you are representing or advocating for (children, transition age youth, adults, older adults)?**

The following individuals are available for more information about this proposal, but recognize Yolo County would need to develop an RFP for the proposed workshops and integrate such workshops into the K-12 School Partnership Program:

Lisa Herrington, ACSM, ACE CPT      Lead      [lherrington@gmail.com](mailto:lherrington@gmail.com)      530.908.8052

Emma Anway, MS LMFT      Partner      [emma@esacounseling.com](mailto:emma@esacounseling.com)

Abbie Harper, PT, DPT      Partner      [harper.abbie@gmail.com](mailto:harper.abbie@gmail.com)



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(530) 756-8181  
[www.namiyolo.org](http://www.namiyolo.org)  
[friends@namiyolo.org](mailto:friends@namiyolo.org)

DATE: November 15, 2021

TO: Karen Larsen, Director, Health and Human Services Agency  
Brian Vaughn, Public Health Director

FROM: NAMI Yolo County Board of Directors  
Executive Committee Members  
Petrea Marchand, President; Anya McCann, Vice President;  
Stacie Frerichs, Treasurer; Erik Daniells, Secretary

MEMO: ATTACHED MHSA SURPLUS FUNDING REQUEST CONCEPT  
SHEETS FROM NAMI YOLO COUNTY

Per the process that NAMI Yolo County proposed Friday, 11/12/21 for how to proceed with MHSA surplus funding evaluation process, we look forward to fleshing out these funding request concept sheets in more detail together with you and your staff over the coming months. We have gathered input from longtime key volunteers, family members, and our Board of Directors for items they consider priorities in Yolo County. Many are not work that would be led by our organization but which we firmly support and important ways to spend the funding available. We have done our best to make estimations of service level needs and funding required, but we need your help. If we need to prioritize, please ask us for our priorities.

Thank you!!

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## MHSA PROGRAM PROPOSAL 2022-2023

# NAMI YOLO COUNTY PROGRAM EXPANSION

### PROGRAM ADVOCATE

NAMI Yolo County

### MHSA COMMUNITY ENGAGEMENT WORK GROUP PRIORITY CATEGORY

**Program:** Community Services & Supports (CSS); Workforce, Education, & Training (WET); Services: Access, Peer Mentorship, Support Group

### POPULATION SERVED

K-12, TAY, Adults, Seniors with serious mental illness and their families/caregivers

### BACKGROUND

NAMI Yolo County support groups and education classes for adults living with mental illness and their family members continue to be in high demand due to the compounding stressors related to the COVID-19 pandemic and the general consistent need for support. NAMI Yolo County currently has a \$100,000 contract for the 2021-22 fiscal year with the Yolo County Health and Human Services Agency to provide support groups and education classes. NAMI Yolo County successfully transitioned the support groups and education classes to a virtual format during the pandemic, as well as created a new support group for parents of children living with a serious mental illness, but does not have sufficient volunteers to increase the number of support groups offered to meet the need of the community.

NAMI Yolo County has relied on volunteers to facilitate support groups historically. The lack of volunteers has impacted NAMI Yolo County's ability to expand programs to meet the community need, as well as provide additional support groups in Spanish. NAMI Yolo County also is limited in the amount of time it can devote to outreach to the community to let people know about NAMI Yolo County's education classes and support groups. Further, NAMI Yolo County is concerned that relying on unpaid volunteers for support groups and programs does not meet emerging goals to ensure equitable opportunities for people of all income levels. Many people do not have the capacity/availability to volunteer because they must use their limited time to earn wages. Volunteers must currently commit 12-15 hours of their time to receive training, plus two hours weekly per class/group session for preparation, conducting the class, and follow up. It will enhance our ability to recruit a greater diversity of teachers/leaders as well as participants, who would feel themselves more reflected in our staff.

NAMI Yolo County recruited for a new Executive Director in May 2021 and through the process of working with a recruiter learned the skills and experience needed to administer NAMI Yolo County's programs requires a higher salary level than NAMI Yolo County is currently able to provide with the existing Yolo County contract. In addition, NAMI Yolo County's desire to expand programs will increase the responsibility and the complexity of the Executive Director's position.

## MHSA PROGRAM PROPOSAL

NAMI Yolo County proposes to increase funding for programs by \$25,000 in the 2021-22 fiscal year and \$95,000 in the 2022-23 fiscal year. NAMI Yolo County proposes to also add paid hourly employees to facilitate support groups which will help ensure consistency of services and expand the number of support groups and education classes available in the short run. The increase in funding for program expansion also will allow NAMI Yolo County to increase compensation for the Executive Director to support the expanded, higher-quality classes and support groups. This proposal will also increase NAMI Yolo County's ability to retain support group facilitators and class teachers, therefore improving the quality of the experience for residents.

### Components:

**1) Adding 1.50 FTE** on an annual basis to develop a pool of paid peers/staff to facilitate support groups and mental health education. This would support more consistency with available facilitators/peers and also offer an opportunity for peers to be employed and earn income for their important role and service. They would also be compensated for the time spent in training. One of this pool will also have additional hours supporting the ED in coordination of this pool.

Per 12 month period

Cost:	\$60,000	(\$20/hour x 3,000 hours per year)
	\$10,000	(Payroll taxes and benefits)
Total:	\$70,000	for annual FY expense

**2) Allocating .25 FTE** of Executive Director time, to support expansion of programs and directly supervise paid staff and employees. To improve retention of an ED to support this expansion, we are intending to enhance the range of the ED's salary from \$70,000/year to up to \$100,000/year. This increase reflects the enhanced duties of supervising staff as well as more appropriately matching competitive salary. Recruiting and retaining a competent ED who holds the values of NAMI-Yolo will benefit the entire community.

Cost: \$25,000 (including salary, benefits)

**TOTAL: \$95,000/year**

NAMI Yolo County is requesting an additional \$25,000 for the 2021-22 fiscal year because NAMI Yolo County anticipates that if this funding is awarded, it will not be available until March 2022.

### LEAD ORGANIZATION/PARTNERS

NAMI Yolo County

### CONCERNS

Recruiting enough available and interested participants.

### INITIAL COSTS / ONGOING ANNUAL COST ESTIMATE

\$95,000 / \$95,000

## **MHSA PROGRAM PROPOSAL 2021-2023**

# **ADULT RESIDENTIAL FACILITIES**

### **PROGRAM ADVOCATE**

NAMI Yolo County

### **MHSA COMMUNITY ENGAGEMENT WORK GROUP PRIORITY CATEGORY**

**CSS:** Services: Access, Housing

### **POPULATION SERVED**

Adults, Seniors with serious mental illness and their families/caregivers

### **BACKGROUND**

There is a deep housing need in Yolo County for those community members who have a serious mental illness (SMI) who cannot live independently and need full time support to comply with mental health treatment prescribed by doctors and clinicians.

According to the Yolo County Board and Care Study, April 2019, there were approximately 23 consumers living in Board and Care facilities outside of the County. Additionally, there were approximately 59 consumers living in higher levels of care with limited local step-down housing options. There were also an unknown number of individuals who were living at home with aging parents, living in substandard unlicensed facilities, or who were living without secure housing (e.g., shelters, homeless, etc.). The need for more housing for people with mental illness who cannot live independently is clear.

### **MHSA PROGRAM PROPOSAL**

Purchase two Adult Residence Facility homes which can house 15 individuals each in two locations (suggested: West Sacramento, Woodland, or Winters). Full time staffing is required on site. This would be a similar level as the Pine Tree Gardens homes and should include support group type of activities for those living within a home.

#### **Components:**

Purchase of a home, renovation, and furnishings:

Estimated Cost -

\$1,000,000 per each location x 2 locations = \$2,000,000 one-time expense

Contractor/Staffing round the clock and facility upkeep:

Cost -

\$450,000 per each location x 2 locations = \$900,000 per year

**LEAD ORGANIZATION/PARTNERS**

(Potential: YCCC, CHOC, Telecare, Hope Cooperative)

**CONCERNS**

Location and available properties. Neighborhood NIMBY'ism

**INITIAL COSTS / ONGOING ANNUAL COST ESTIMATE**

\$2,900,000 / \$900,000

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## MHSA PROGRAM PROPOSAL 2021-2023

### ART CLASS & NAMI CONNECTION SUPPORT GROUPS - MULTIPLE LOCATIONS

#### PROGRAM ADVOCATE

NAMI Yolo County

#### MHSA COMMUNITY ENGAGEMENT WORK GROUP PRIORITY CATEGORY

CSS: Prevention: Support Group

#### POPULATION SERVED

Transition Age Youth, Adults and Seniors living with serious mental illness

#### BACKGROUND

Building on the decade of success of the Yolo CANVAS art class located at Cesar Chavez and in response to request from professionals who construct and manage housing in Yolo County, such as Davis Community Meals, NAMI has identified a need to create art classes which meet regularly and also serve as regular support groups for attendees living with serious mental illnesses. The Yolo CANVAS class has consistently over a decade shown to provide important stress reliever, provide community, reduce isolation, and increase stability for this test group of participants.

#### MHSA PROGRAM PROPOSAL

We will train a group of individuals with lived experience to become art teachers and facilitators for NAMI's signature program Connections. Connections is a support group for those living with a mental health challenge and facilitated by someone who has experience living with a mental health challenge. Training more community members will build resilience and a corps of trained individuals who also function in other community and professional roles and teach and interact with people of all ages. They will bring these skills to multiple populations.

We will expand peer support by identifying art teachers with lived experience or individuals with lived experience and an interest in the arts. (We have identified the interest of 7 instructors in advance of submitting this proposal.) We will pay them to become a **certified NAMI Connection facilitator** with 2-day training (16 hours), pay them an hourly rate to teach a specific class in a specific location that we will identify which will serve to provide important activities of self expression while providing a peer support group on an ongoing, reliable basis.

The classes will be modeled after the successful Yolo CANVAS program which has three 8-week sessions per year, and two teachers supporting each art support group.

If needed, Davis Art Center can provide curriculum ideas to those who would like ideas, and Marilyn Moyle, who has taught Yolo CANVAS for a decade will provide ideas which have been successful for her class.



We will support facilitators in selecting a location and regular time, then they will manage their class, select activities, purchase supplies, and communicate directly with location management. We propose to train 10 facilitators throughout the County recruited from arts organizations and school districts.

**Deliverable:** Train ten facilitators in NAMI Connections curriculum who will provide weekly classes in pairs during three 8-week sessions (a total of 24 weeks per year). Classes include art supplies and a snack. Classes last 2 hours.

**Assumptions:**

- Site locations will be free, facilitators will do their own set up and clean up of art supplies.
- Assume a maximum of ten class participants so there is time to interact.
- One-time Training for staff: 9:00 am - 5:00 pm for two days = 16 hours each x 10 facilitators x \$20/hour = \$3,200
- NAMI Trainer Fee (to conduct NAMI Connections Leader Training): \$1,000
- Teaching: 2 facilitators per class per 8-week sessions x 3 hours per class x \$20/hour x 10 instructors (covering 10 different locations per session)
- Each facilitator will co-lead two classes per week per 8-week session
- 3 hours per class/week includes preparation, time to purchase supplies, class time, and clean-up)
- Recruitment of appropriate facilitators, management of facilitators and grant management will be required
- Supplies: Art supplies = \$75/class + Snack/Food Supplies: \$25/class = Total \$100/class session
- Train 4 new facilitators each year to rotate through

**Cost:**

FY 2022-2023

Item	Details/Calculations	Total
Initial Training: 4 additional Connections/Art Facilitators	\$1,280 Paid training time (16 hour class at \$20/hr) plus \$400 NAMI Connections Leader Training Cost	\$1,680
Facilitation: 3 8-week sessions (Sept-Nov, Jan-Mar and April-May)	2 facilitators per class at \$20/hour x 3 hours each class x 8 week session x 3 sessions x 10 classes running per session	\$28,800
Project Management and Facilitator Recruitment	Recruitment, 3 months x 20 hours x \$30/hour (\$1,800) Management, 12 months x 8 hours x \$30/hour (\$2,880)	\$15,480

	Grant Management, 12 months x 20 hours x \$45/hour (\$10,800)	
Supplies	\$100/class x 10 classes x 24 weeks	\$24,000
<b>TOTAL</b>		<b>\$66,000</b>

**LEAD ORGANIZATION/PARTNERS**

NAMI Yolo County (possible partners: Davis Art Center, Yolo Arts, Taller Arte del Nuevo Amanecer (Tana), City of Davis Arts & Culture, Davis Arts Alliance)

**CONCERNS**

Negotiating with sites to donate the cost of a classroom space.

**INITIAL COSTS / ONGOING ANNUAL COST ESTIMATE**

\$66,000 / \$66,000

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## MHSA PROGRAM PROPOSAL 2021-2023

# SUPPORT SERVICES IMMEDIATELY AFTER RELEASE FROM LOCKED PSYCHIATRIC FACILITIES/HOSPITALS

### PROGRAM ADVOCATE

CommuniCare Health Centers, NAMI Yolo County supports

### MHSA COMMUNITY ENGAGEMENT WORK GROUP PRIORITY CATEGORY

**CSS:** SERVICES: Navigation, Clinical Services; PREVENTION: Support Group; HOUSING: Supportive Services

### POPULATION SERVED

Transitional Age Youth, Adults and Older Adults after release from psychiatric hospitals and other locked facilities, or after incarceration

### BACKGROUND

In Yolo County, when a Yolo County client is released from a nursing home, a nurse and social worker visit to assess needs and help with resources and services. When someone's released from a psychiatric hospital or other locked psychiatric facility, a person is handed prescriptions (maybe) and a recommendation for a psychiatric appointment (without an actual appointment made on their behalf).

CommuniCare Health Centers has an ongoing contract to provide such services, the Transitions of Care program, which is having good success as far as release from and coordination with the criminal justice system in Yolo County. Individuals are being regularly and successfully referred for support.

However, it remains that there are other institutions, such as hospitals, where individuals in need are released with no plan or connection to follow-up support, no in-person visit, no phone call. People are left to their own resources when they are most vulnerable and often are re-hospitalized. Many of whom need the additional help to re-access Social Security and Medi-Cal and get connected to support.

CommuniCare needs additional staff time to outreach, build relationships, and explain these services with a focus specifically on psychiatric hospital discharges.

### MHSA PROGRAM PROPOSAL

We are not sure of how many clients need this support each year. The County needs to give input.

Fund 1.0 FTE Case Manager annually (potentially as part of TOC program) to provide focus on psychiatric hospital discharges and will help with evaluation, medication management, medical/psychiatric appointments, transportation, housing, and re-entry to the community for those released.

The Social Services Worker will connect individuals with needed services, reduce risk of re-hospitalization and improve individuals' well-being. Services will include regular visits, education and

support for individuals and family members, medication and administration instructions, and building coping skills. Additionally, the Social Services Worker can connect people on the Medi-Cal program to In-Home Supportive Services (IHSS) when appropriate, allowing people to remain safely at home.

The California Model for Behavioral Health recommends Home Visits after psychiatric hospitalization which can help individuals adjust to returning to their homes and help prevent rehospitalization. See: [The California Model for Behavioral Health A Standard of Care for All: June 2019 pg. 16.](#)

**LEAD ORGANIZATION/PARTNERS**

CommuniCare Health Centers/ NAMI Yolo County supports this request

**CONCERNS**

**INITIAL COSTS / ONGOING ANNUAL COST ESTIMATE**

\$100,000 / \$100,000

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## MHSA PROGRAM PROPOSAL 2021-2023

# RAPID RESPONSE TEAM FOR AOT GRADUATES

### PROGRAM ADVOCATE

NAMI Yolo County

### MHSA COMMUNITY ENGAGEMENT WORK GROUP PRIORITY CATEGORY

**Program:** Community Services & Supports (CSS); Workforce, Education, & Training (WET); Services: Access, Navigation, Clinical Services

### POPULATION SERVED

TAY, Adults with serious mental illness

### BACKGROUND

Assisted outpatient treatment (AOT) is court-ordered treatment (including medication) for individuals with severe mental illness who meet strict legal criteria, e.g., they have a history of medication noncompliance. Typically, violation of the court-ordered conditions can result in the individual being hospitalized for further treatment. AOT has demonstrated improving treatment outcomes for its target population. Specifically, the research demonstrates that AOT reduces the risks of hospitalization, arrest, incarceration, crime, victimization, and violence. AOT also increases treatment adherence and eases the strain placed on family members or other primary caregivers. However, there is no support for those transitioning out of AOT treatment.

### MHSA PROGRAM PROPOSAL

Create a Rapid Response Team of professional support for those transitioning out of AOT treatment.

Components:

24-7 Crisis Co-Responders, Case Managers, and others can be linked as a support team covering different times of day for AOT clients transitioning out of AOT treatment. It would be part of the caseload of a current staff member, estimated based on the number of eligible clients. This might entail needing additional staff hours.

Estimate: .25 FTE

Cost: \$25,000.

### LEAD ORGANIZATION/PARTNERS

Yolo County HHS (potential: CommuniCare?)

### CONCERNS

Recruiting enough available and interested participants.

**INITIAL COSTS / ONGOING ANNUAL COST ESTIMATE**

\$25,000 / \$25,000 (?)

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## MHSA PROGRAM PROPOSAL 2021-2023

# HOUSING AND SUPPORT FOR PEOPLE PLACED IN OUT-OF-COUNTY FACILITIES BECAUSE OF THEIR NEED FOR MORE INTENSIVE SERVICES

### PROGRAM ADVOCATE

NAMI Yolo County

### MHSA COMMUNITY ENGAGEMENT WORK GROUP PRIORITY CATEGORY

**Program:** Community Services & Supports (CSS); **Services:** Access/Housing, Clinical Services

### POPULATION SERVED

Adults with serious mental illness

### BACKGROUND

There is need in Yolo County for a Social Rehabilitation Residential Treatment Center for people needing more intensive services than can be provided at a board and care. Yolo County currently sends these patients outside of the County (sometimes a great distance) because we lack such a facility.

### MHSA PROGRAM PROPOSAL

We suggest using the Pacifico Proposal that was considered in 2018 and is fully developed except for identifying a facility location. Services provided would include crisis prevention, medication evaluation and management, wellness and recovery programs, medical service referral, community/peer support groups, client advocacy, community reintegration, planned activities, and full day-treatment programs. The program should meet the needs of both long-term residents who require physical and mental health care and those residents who are actively progressing to a lower level of care.

Facility Purchase -

Cost: \$5,000,000

Facility Upkeep -

Cost: \$100,000 annually

Staff 24/7 -

Cost: \$500,000 annually

### LEAD ORGANIZATION/PARTNERS

North Valley Behavioral Health

**CONCERNS**

Location and potential available properties.

**INITIAL COSTS / ONGOING ANNUAL COST ESTIMATE**

\$5,500,000 / \$750,000



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## MHSA PROGRAM PROPOSAL 2021-2023

# TRANSIT VOUCHER PROGRAM FOR MENTAL HEALTH CLIENTS

### PROGRAM ADVOCATE

NAMI Yolo County supports.

### MHSA COMMUNITY ENGAGEMENT WORK GROUP PRIORITY CATEGORY

**Program:** Community Services & Supports (CSS); **Services:** Access, Clinical Services, Education, Support Group

### POPULATION SERVED

Adults with serious mental illness, TAY, Seniors

### BACKGROUND

Some mental health clients forego medical and mental health care, as well as community interaction, support groups, and educational opportunities because they lack transportation, or find transportation too confusing and cannot figure out their routes. The County could facilitate greater use of the Davis Community Transit and Yolo Bus Special (both are transit serving ADA defined individuals which includes severe mental illness).

### MHSA PROGRAM PROPOSAL

Recruit multiple organizations to do outreach to enroll eligible community members to use Davis Community Transit and Yolo Bus Special. Provide a pool of funding to be used for identified mental health clients. Provide a list of approved clients. Peers who have a psychiatric disorder that causes confusion or difficulty using public transit need to be identified by a psychiatrist and eligible for this service that already exists under ADA. County staff, navigation centers, wellness centers, case managers, support staff, and social workers can facilitate getting a form signed or obtaining the doctor's name for the Transit company to obtain a signed form. The Transit companies can manage and track use of the funds, or another option is to sell tickets in advance and distribute them to clients and peers who are pre-qualified for the service.

Cost: \$75,000

### LEAD ORGANIZATION/PARTNERS

Davis Community Transit, Yolo Bus Special

### INITIAL COSTS / ONGOING ANNUAL COST ESTIMATE

\$75,000 / \$75,000

## MHSA PROGRAM PROPOSAL 2021-2023

# TRANSITIONAL HOUSING

### PROGRAM ADVOCATE

NAMI Yolo County

### MHSA COMMUNITY ENGAGEMENT WORK GROUP PRIORITY CATEGORY

**Program:** Community Services & Supports (CSS); **Services:** Access/Housing, Peer Mentorship, Support Group

### POPULATION SERVED

Adults with serious mental illness

### BACKGROUND

There is need in Yolo County for those community members who are recovering from a serious mental illness (SMI) and are ready to go into less restrictive housing, but not yet ready for the open rental market. At present, there's no location with on-site peer support staff where individuals can live for a period of time until they are ready to rent and live independently.

### MHSA PROGRAM PROPOSAL

Purchase apartment building with 10-12 units, which includes a peer support staff living on site who will guide and develop skills for independent living, including paying bills on time, shopping for food, self care, cooking, and cleaning.

### Component Cost Estimate:

<b>Property</b> <b>Purchase Apartment building with 10-12 units or multi-family housing</b> <b>Renovation</b> <b>Basic furnishings for each unit</b>	<b>\$2,500,000</b>
<b>Facility Upkeep</b>	<b>\$50,000</b>
<b>Utilities</b>	<b>unknown</b>
<b>Peer Support Staff</b>	<b>\$75,000</b>

**LEAD ORGANIZATION/PARTNERS**

YCCC, CHOC, Telecare, Hope Cooperative

**INITIAL COSTS / ONGOING ANNUAL COST ESTIMATE**

\$2,500,000 / \$125,000 + utilities

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## MHSA PROGRAM PROPOSAL 2021-2023

### TECHNOLOGY SUPPORT SERVICES

#### PROGRAM ADVOCATE

NAMI Yolo County

#### MHSA COMMUNITY ENGAGEMENT WORK GROUP PRIORITY CATEGORY

**CSS:** Services: Access, Clinical Services Access; Prevention: Support Group Access

#### POPULATION SERVED

Adults living with serious mental illness

#### BACKGROUND

NAMI Yolo County volunteers have recognized through our volunteer activities that many people in Yolo County who have serious mental illnesses could use greater access to technology and a support service to help them keep technology they have up-to-date so it does not become non-functional or obsolete. Updating a laptop, desktop, or tablet computer, or even the operating system on a mobile phone can be very confusing.

Adults with serious mental illness need to have access consistently to behavioral health and physical health medical appointments in addition to supports such as therapists, case workers and support groups. During the pandemic, tele-med has become easier and more consistent and available more widely. This also opens up opportunities to use clinicians who may be within California but not accessible in person because of distance. This means more access is needed to technology and support.

People in support groups need to participate by visually seeing one another and it is difficult to fully engage from a small mobile phone screen. We suggest tablets or laptops. Individuals need to be able to use these technology tools in a room with privacy – which is not easily available in a public library.

Need IT support desk somewhere to help when problems inevitably arise. This could easily be contracted out to local repair shops under an agreement with the County.

#### MHSA PROGRAM PROPOSAL

Tablets in the \$200 price range should be purchased for FSP and medication-only clients. A list of locations with free WiFi, (such as County buildings or libraries, school spaces when closed during the summer, and migrant centers during winter), where private rooms can be reserved, may be needed for some of them. There are technical solutions, such as WiFi hotspots, that can be explored.

We are giving an estimate here, but this is something we hope the County can explore.

Estimated Cost: \$60,000

As needed upgrade support or repair:

Cost: \$25,000/year

**LEAD ORGANIZATION/PARTNERS**

Yolo County HHSA

**CONCERNS**

Finding repair shops who are willing to contract. Access to WiFi in a private area.

**INITIAL COSTS / ONGOING ANNUAL COST ESTIMATE**

\$ / \$



*Delivered via electronic mail*

January 23, 2022

Nicki King  
Chair, Yolo County Local Mental Health Board

Angel Barajas  
Chair, Yolo County Board of Supervisors

Karen Larsen  
Director, Yolo County Health and Human Services Agency

Chair King, Chair Barajas, and Director Larsen:

On behalf of NAMI Yolo County, I am writing to recommend adjustments to the proposed allocation of \$8.7 million in Mental Health Services Act (“MHSA”) funding proposed to the Yolo County Board of Supervisors on January 18, 2022. This proposed appropriation represents a partial expenditure of \$19.9 million in unspent funds remaining from the previous four fiscal years. Although there was an increase in MHSA funding for the 2021-22 fiscal year, the County committed these additional funds in June 2021.

While NAMI Yolo County believes the proposed expenditures address critical needs in the mental health care system and is grateful for Yolo County’s commitment to allocate these resources quickly to help people in need, we are concerned about the sustainability of the investment of one-time funding in ongoing staff positions and programs. If these investments move forward and the services are discontinued in the future due to lack of funding, it may significantly impact care and damage public confidence in public agencies and elected officials.

NAMI Yolo County looks forward to continuing to partner with you to help individuals living with mental illness and their families; we are so proud of our joint effort to save the two Pine Tree Gardens homes and know we can accomplish even more working together. We offer the following recommendations in the spirit of this important partnership and hope you will view them as part of a collaborative approach to provide individuals with the best possible care.

- 1. Allocate at least \$2 million for one-time energy and water efficiency improvements (or other one-time capital investments) at existing Yolo County residences for adults living with mental illness.** We recommend transferring the maximum amount possible into the MHSA Capital Facilities and Technology category to allocate to one-time energy and water

efficiency improvements (or other one-time capital investments), including installation of solar panels and efficient appliances, at Yolo County homes for adults living with mental illness. This investment will help reduce operating costs at these homes, therefore potentially saving MHSA funds in the future. The investment is also consistent with other Yolo County priorities to reduce greenhouse gas emissions to further the Yolo County Climate Action and Adaptation Plan and reduce water use in response to the ongoing drought. The Homestead Cooperative in Davis houses 21 adults living with mental illness, for example, and would benefit from \$500,000 for solar panels and other energy efficiency improvements.

- 2. Allocate \$500,000 to a community engagement process to develop public support and identify new locations for housing for adults living with mental illness.** NAMI Yolo County recommends working with NAMI Yolo County, volunteers, and the Local Mental Health Board to develop a community engagement strategy and identify locations in Yolo County to site homes for adults living with mental illness prior to placing an offer on a home or applying for a grant, including reducing stigma in the community associated with integrating homes into residential neighborhoods. This work includes interviews with people who have successfully sited such homes, tours of homes integrated successfully into the community (e.g. Pine Tree Gardens), development of outreach materials such as fact sheets, press releases and videos, and recruiting volunteers willing to speak publicly in support of housing opportunities. Support for housing is already part of the MHSA Three-Year Plan, so this expenditure should not require a plan amendment. From NAMI Yolo County's perspective, this is a top priority given the immediate need for housing and the amount of money the state is proposing to release in competitive grants to fund housing for adults living with mental illness, including adult residential facilities and "tiny homes."
- 3. Develop sustainability plans for any investments in ongoing positions or programs.** We recommend working with the community and the Local Mental Health Board to develop sustainability plans for investments in ongoing positions or programs. The new K-12 mental health services (contracts executed in November 2021) are much needed, for example, but are currently funded with a combination of a one-time, four-year grant of \$4 million and \$1.1 million/year from Yolo County MHSA funds. NAMI Yolo County supports Yolo County's efforts to secure a long-term commitment from the school districts for additional funds and believes a sustainability plan will help clarify the need and focus efforts to secure additional funding. The same is true for Crisis Now; developing a sustainability plan now will help ensure this important program secures ongoing funding.

NAMI Yolo County looks forward to continuing to support implementation of important programs for mental health services. We are hosting a virtual "First Wednesday" gathering in March, for example, to draw public attention to Yolo County's excellent work to expand K-12 services and notify parents and children about the availability of new support. We also hosted a First Wednesday gathering in 2021 to draw attention to Yolo County's new co-responder program,

including creating a page on our web site with information about how to access services. We continue to refer people and the media to co-responders. We believe the recommendations included in this letter will help to strengthen our existing partnership, as well as ensure the sustainability of important mental health services.

Sincerely,

A handwritten signature in black ink, appearing to read "Petrea Marchand". The signature is fluid and cursive, with a large initial "P" and "M".

Petrea Marchand  
President, NAMI Yolo County Board of Directors

cc: Yolo County Board of Supervisors  
Local Mental Health Board  
NAMI Yolo County Board of Directors





National Alliance on Mental Illness

# NAMI | Yolo County

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## SUBSTANCE USE DISORDER PEER SUPPORT AND COMMUNITY ENGAGEMENT PILOT PROGRAM

### BACKGROUND

The current continuum of care for people living with substance use disorders includes but is not limited to: 1) withdrawal management; 2) residential programs (in Yolo County and outside Yolo County); 3) intensive outpatient services; 4) intensive peri-natal services; 5) Outpatient 6) Addiction Intervention Court and other diversion programs for those who are criminally justice involved, and 6) outpatient services. The Yolo County Health and Human Services Agency (HHS) contracts with CommuniCare, Walter's House, and CORE Medical Clinic, Inc. to provide services.

Last year, the Yolo County District Attorney's Office (DA) sponsored AB 1542 (McCarty), legislation which would allow individuals with substance use disorders being sentenced to lengthy jail or prison sentences the option to choose to receive treatment in a soft secured facility, rather than serve their time in custody. The bill passed through the Senate and Assembly floors with 91 in favor and 1 opposed. The Governor vetoed the bill, but Assemblymember McCarty intends to introduce the bill again in 2022 to cover more counties other than Yolo. The California Behavioral Health Association, NAMI Yolo County, and other organizations opposed the bill believing that better option at the present time was a community engagement process to explore alternative community treatment options. This has not yet taken place in Yolo County due to lack of funding and staff resources.

The DA's office, like many others, believes lower-level crimes involving those with substance use disorders should be treated as a public health issue, rather than a public safety issue. With that in mind, last year the DA approached HHS to create a partnership to send low level drug offenders to HHS for treatment, rather than file criminal charges. Unfortunately, only 10% of over 500 people diverted from the criminal justice system engaged in treatment options. The DA's Office is also partnering with the Yolo County Public Defender, Probation, CommuniCare, and other agencies to implement a new program funded by the Community Corrections Partnership to help divert people living with a mental illness from the criminal justice system. Many people living with a mental illness in the criminal justice system also have a substance use disorder (so-called dual diagnosis), so this program will help provide substance use disorder treatment for people with a dual diagnosis.

The DA's Office is planning on continuing the 2021 pilot program in 2022 with some changes to incentivize people facing charges to engage in treatment programs. The DA's office is seeking funding to pay peers who are in recovery from a substance use disorders (peer support workers)

to advise people facing charges on treatment options and provide support. The DA also supports a community engagement process, led by an independent facilitator, to explore community treatment options. In January 2022, the NAMI Yolo County Board of Directors adopted a position of support for funding from the American Rescue Plan for such a community engagement process.

## PROPOSED PROJECT

The project will seek proposals from nonprofit organizations with experience with substance use disorders to contract with the Yolo County Health and Human Services Agency to hire a full-time peer support worker for one year as part of the pilot program to educate people facing charges for substance use about treatment options, as well as help coordinate volunteers to help with this work. NAMI Yolo County may also be willing to help coordinate volunteers interested in helping people facing criminal charges with co-occurring mental health and substance use disorders, subject to approval by the Board of Directors at their February 2022 meeting. This project also proposes funding for the DA's office to hire a facilitator to organize community meetings with families, individuals living with substance use disorders, providers of care, and other stakeholders to evaluate community treatment options and propose improvements to existing programs and new programs for consideration by decisionmakers.

## COSTS

The total proposed cost is \$155,000. Based on local nonprofit salaries and benefits, it is estimated the project will cost \$75,000 to \$80,000 for a full-time employee for one year. If the project is successful, the District Attorney, with support from NAMI Yolo County and HHSA, will explore using funding from Yolo County Mental Health Services Act or the opioid settlement dollars to continue the program. A typical public engagement process with a professional facilitator can cost up to \$75,000, including developing agendas, facilitating up to six small group meetings and three public workshops, writing meeting summaries, and summarizing recommendations and findings in a final report.

## FUNDING

The Mental Health Workgroup advising the HHSA on the expenditure of up to \$500,000 in American Rescue Plan fund has recommended funding for a peer support program for people living with substance use disorder. It is recommended that the Health and Human Services Agency bring this proposal to the Mental Health Workgroup for consideration.

## PERSONNEL

In the chart below, please list names, role, and contact information for all project leader(s) and project partners.

Name	Role	Email	Phone
Jonathan Raven	Yolo County District Attorney's Office		
Petrea Marchand	President, NAMI Yolo County	petrea@namiyolo.org	916-505-7191



NAMI  
National Alliance on Mental Illness

# Yolo County

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## PINE TREE EAST CAPITAL FACILITY IMPROVEMENTS

### BACKGROUND

Yolo County purchased Pine Tree East in 2020 for slightly less than \$1 million after the nonprofit Turning Point Community Programs indicated their inability to continue owning the home for 12 adults living with mental illness. Yolo County transferred the property to New Hope Community Development Corporation (“New Hope”), the nonprofit arm of Yolo County Housing (Yolo County’s housing authority), which is charged with maintaining the home. Yolo County transferred a small amount of money to New Hope for one-time capital facility improvements, which was insufficient for the major repairs needs to address over a decade of negligence by the previous owner. While New Hope also collects rent, this funding is only enough to pay for ongoing maintenance costs and not overdue capital improvements. This funding is insufficient for the major repairs needed to the home resulting from the inability of the previous owner to maintain the home. NAMI Yolo County invested more than \$50,000 in new drought-tolerant landscaping, a new water-efficient irrigation system, and rain gardens to capture stormwater, all with funding raised from community donors, but additional funding is needed for long overdue interior repairs, as well as energy and water efficiency improvements.

### PROPOSED PROJECT

The project will replace three bathrooms, renovate the kitchen to allow for commercial appliances, replace windows with dual-pane windows, and renovate the laundry room. The windows are currently in such disrepair that they do not close or lock properly. The laundry room has holes in the wall. The project will also replace all appliances with water-efficient, energy efficient appliances and install solar panels. See Attachment A for a list of improvements.

### DEGREE OF READINESS

New Hope can start the improvements as soon as funding is available.

### COSTS

The project costs range from \$215,750 to \$449,500, depending on the quality and extent of repairs. Attachment A provides rough estimates, but actual costs may vary based on bids.

## CONTACTS

Name	Role	Email	Phone
<b>Sandra Sigrist</b>	Executive Director, Yolo County Housing and New Hope Community Development Corporation	ssigrist@ych.ca.gov	530-669-2219
<b>James Gillette</b>	Yolo County Housing/New Hope Community Development Corporation	jgillette@ych.ca.gov	(530) 669-2222
<b>Petrea Marchand</b>	President, NAMI Yolo County (support to owner)	petrea@namiyolo.org	916-505-7191

# New Hope CDC - Pine Tree Gardens East

## Rehab Work Needed - As of 12/31/2021

	<u>Est. Cost *</u>		<u>Notes/Comments</u>
	<u>From</u>	<u>To</u>	
<b>Exterior</b>			
Storage shed x2	\$ 2,000	\$ 4,000	
Patio/storage area roof repair/replace	\$ 3,000	\$ 10,000	design to redo drainage/slope, repair dry rot
Replace storage area lighting	\$ 1,000	\$ 2,000	after roof redone
Pour slab in add'l storage area	\$ 2,000	\$ 3,000	currently dirt floor
Paint house (exterior)	\$ 10,000	\$ 20,000	update color scheme and repair any issues
Cover over top of emergency exit stairs	\$ 2,000	\$ 7,000	for sun and rain, cost depends on design
Shade structure on back patio	\$ 3,000	\$ 5,000	also replace handrail to back yard
Additional lighting in front yard	\$ 500	\$ 1,500	to make safer and more welcoming
Replace emergency exit door	\$ 500	\$ 1,000	door with glass pane to brighten hallway
Replace door to roof	\$ 500	\$ 1,000	door with glass pane to brighten hallway
Solar panels	\$ 80,000	\$ 100,000	
Dual-paned windows	\$ 50,000	\$ 75,000	
	<hr/>	<hr/>	
	\$ 154,500	\$ 229,500	
<b>Kitchen</b>			
New stove	n/a	n/a	to be provided by NVBH
Tankless water heaters from 2006	\$ 3,000	\$ 6,000	replacement in the near future
Gut rehab of kitchen	\$ 40,000	\$ 100,000	depends on extent of work and finishes
	<hr/>	<hr/>	
	\$ 43,000	\$ 106,000	
<b>Bathrooms (3)</b>			
Gut rehab per bathroom	\$ 5,000	\$ 35,000	have architect design for efficiency & permit
	<hr/>	<hr/>	
Total for three bathrooms	\$ 15,000	\$ 105,000	
<b>Flooring to be replaced</b>			
Office	\$ 500	\$ 2,000	depending on material
Living room	\$ 750	\$ 3,000	depending on material
Upstairs hall & bedrooms	\$ 2,000	\$ 4,000	depending on material
	<hr/>	<hr/>	
	\$ 3,250	\$ 9,000	
<b>GRAND TOTAL</b>	<hr/>	<hr/>	
	\$ 215,750	\$ 449,500	

\* Assumes architecture, permit costs, and prevailing wage for labor based on likely funding sources

## New Hope CDC - Pine Tree Gardens

### Rehab Work Needed - As of 4/30/2022

Priority Ranking	
1	urgent health and safety
2	prevent deterioration
3	ongoing maintenance
4	improve function and useability

	Est. Cost *		Estimated Funds Needed	Item Priority	Notes/Comments
	From	To			
<b>Exterior</b>					
Storage shed x2	\$ 2,000	\$ 4,000		4	
Patio/storage area roof repair/replace	\$ 15,000	\$ 20,000		1	redo drainage/slope, steel structure?, repair dry rot
Replace storage area lighting	\$ 2,000	\$ 3,000		1	after roof redone
Pour slab in add'l storage area	\$ 2,000	\$ 3,000		4	currently dirt floor
Paint house (exterior)	\$ 18,000	\$ 25,000		2	update color scheme and repair any issues
Cover over top of emergency exit stairs	\$ 5,000	\$ 7,000		4	for sun and rain, cost depends on design
Shade structure on back patio	\$ 3,000	\$ 5,000		4	planting tree, so need only temp structure
Additional lighting in front yard	\$ 750	\$ 2,000		1	to make safer and more welcoming
Replace emergency exit door	\$ 750	\$ 1,500		4	door with glass pane to brighten hallway
Replace door to roof	\$ 500	\$ 1,200		4	door with glass pane to brighten hallway
Replace backyard fence (steel posts)	\$ 10,500	\$ 18,000		1	may split cost with neighbors
	\$ 59,500	\$ 89,700	\$ 89,700		
<b>Kitchen</b>					
New stove		n/a			to be provided by NVBH
Tankless water heaters from 2006	\$ 3,000	\$ 6,000		3	replacement in the near future
Gut rehab of kitchen	\$ 40,000	\$ 70,000		4	depends on extent of work and finishes
	\$ 43,000	\$ 76,000	\$ 76,000		
<b>Bathrooms</b>					
Gut rehab (per bathroom)	\$ 10,000	\$ 30,000			have architect design for efficiency & permit
	\$ 10,000	\$ 30,000	\$ 90,000	2	3 total bathrooms
Rooftop solar (shade from trees limits benefit)			\$ 75,000	4	est 16.56kw system for \$75k, cost vs. benefit?
<b>Flooring to be replaced</b>					
Office	\$ 1,000	\$ 4,000		1	depending on material
Living room	\$ 1,500	\$ 6,000		1	depending on material
Upstairs hall & bedrooms	\$ 4,000	\$ 8,000		2	depending on material
	\$ 6,500	\$ 18,000	\$ 18,000		
Architecture/engineering and permits	\$ 15,000	\$ 30,000	\$ 30,000	1	storage, bathrooms, kitchen, etc.
Contingency	\$ 60,000	\$ 80,000	\$ 80,000	2	for supply chain issues and cost volatility
			<u>\$ 458,700</u>		

\* Assumes prevailing wage for labor based on likey funding sources



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## PINE TREE WEST CAPITAL FACILITY IMPROVEMENTS

### BACKGROUND

Kathy Williams-Fossdahl, a private individual, purchased Pine Tree West in 2021 for \$1.5 million after the nonprofit Turning Point Community Programs indicated their inability to continue owning the home for 15 adults living with mental illness. Ms. Williams-Fossdahl then spent additional funding of her own to install solar panels, dual-paned windows, and a new concrete patio and walkways, as well as invested in other improvements to the property. NAMI Yolo County invested more than \$80,000 in new drought-tolerant landscaping, a new water-efficient irrigation system, and rain gardens to capture stormwater, all with funding raised from community donors. Turning Point Community Programs did not adequately maintain Pine Tree West due to a lack of funds, so additional repairs are needed in addition to Ms. Williams-Fossdahl's investment. Ms. Williams-Fossdahl intends to donate the home to Yolo County Housing in 2022.

### PROPOSED PROJECT

The project proposes to increase energy and water efficiency at Pine Tree West by installing low-flow showerheads and faucets where they do not currently exist, blinds and mini-blinds on all windows to decrease summer heat and keep the house cool, overhead fans in nine bedrooms, and new energy efficient, tankless water heaters.

### DEGREE OF READINESS

Ms. Williams-Fossdahl can implement the needed improvements as soon as funding is available.

### COST

The project will cost \$10,000 as follows, including installation costs:

New water heater: \$5,000

Ceiling fans (9): \$1,500

Window blinds: \$3,000

Low-flow faucets/showerheads: \$500



# CONTACTS

Name	Role	Email	Phone
Kathy Williams-Fossdahl	Owner	kwillfoss@aol.com	213-305-5373
Petrea Marchand	President, NAMI Yolo County (support to owner)	petrea@namiyolo.org	916-505-7191

# — Innovation Program

by Weightless4Life



## **Contact:**

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# Executive Summary

## Innovation Program Focused on Nutritional Psychiatry

In the United States today, nearly 60% of the population's average caloric intake comes from ultra-processed foods. As a result, poor diet is now the leading risk factor for early death in developed countries and the number two risk factor worldwide. Unhealthy diets lead to early death by increasing the risk of non-infectious illnesses such as heart disease, hypertension, stroke, high blood glucose, type 2 diabetes, many forms of cancer, and overweight and obesity.

Poor diet also makes persons more likely to have or develop a mental health condition. Decades of research has shown a clear, indisputable connection between diet and mental health. Studies conducted worldwide (including in the United States, United Kingdom, Spain, Norway, Greece, Italy, Australia, France, Japan, China, Korea, and Iran) all report a link between unhealthy diets and significantly more depression and anxiety. "Unhealthy diets" are defined as those high in manufactured foods, artificial ingredients, and sugars, while "healthy diets" are typically defined as those higher in whole foods and healthy fats. Accordingly, poor diet is considered a significant risk factor for depression and other mental health problems.

The extent of this risk is more clearly defined by the studies examining the connection between diet and mental health.

- The SUN Navarra study of 10,000 Spanish college graduates showed that those whose diets most closely resembled a traditional Mediterranean diet had a 42 percent reduced risk of *developing* depression as those who scored low over the 4.5-year duration of the study.<sup>1</sup>
- Similarly, a study of nearly 3,500 British public workers in the United Kingdom showed that people with a more "whole foods" diet (e.g., regularly ate lots of vegetables, fruit, and fish) had a third less risk of depression. Diets consistent with a Western diet (e.g., sweetened desserts, chocolates, fried foods, processed meats, and refined grains) increased depression risk by more than 50 percent.<sup>2</sup>

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<sup>1</sup> Sanchez-Villegas, A., et al. (2009). "Association of the Mediterranean dietary pattern with the incidence of depression: The seguimiento universidad de navarra/university of navarra follow-up (sun) cohort." *Archives of General Psychiatry* 66(10): 1090-8.

<sup>2</sup> Akbaraly, T.N., et al. (2009). "Dietary patterns and depressive symptoms in middle age." *Br J Psychiatry* 195(5): 408-13.

- A study of the diets and mental health status of 90,000 Japanese adults showed that those following a healthy Japanese diet have “fewer depressive symptoms” and were half as likely to commit suicide in a 10-year longitudinal study.<sup>3</sup>
- A lifestyle intervention study conducted by the University of Pittsburgh Medical Center involving 247 older adults who had previously struggled with depressive episodes, found that participants who received dietary coaching experienced a 40 to 50 percent improvement in their depressive symptoms over the three-month course of the study. The researchers found that the dietary coaching intervention was as effective as meeting with a counselor for problem-solving or “talk” therapy in preventing major depression. Those improvements also persisted for more than two years.<sup>4</sup>

The effect of nutrition on mental health can be explained physiologically. A good nutritional status is vital for maintaining normal body function and preventing or mitigating the dysfunction induced by internal or external factors. Nutritional deficiencies often result in impaired function and, conversely, intakes at recommended levels can resume or further enhance body functions. Nutrients strongly influence both brain structure and function, and nutrition affects neurodevelopment and neurotrophic function. Moreover, nutritional deficiencies can lead to poor gut health, disruption of the gut-brain axis, and inflammation, all of which could lead to mental health problems. Accordingly, diet and nutrition may be important factors contributing to psychiatric morbidity, and preventive or treatment of psychiatric disorders could be conducted by addressing diet and nutrition.

This very point was proven recently by the SMILES Study (i.e., “Supporting the Modification of Lifestyles in Lowered Emotional States”), which aimed to see whether helping people to improve their diets would have a meaningful impact on their depressive symptoms.<sup>5</sup> Approximately 180 men and women previously diagnosed with clinical depression at the moderate to severe level were randomly assigned either to a dietary support group or a social support group. Persons assigned to the dietary support group received individual guidance over a three-month period from a clinical dietitian to make improvements to their diets to focus on vegetables, fruit, legumes, nuts, whole grains, fish and olive oil, and small portions of unprocessed red

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<sup>3</sup> Nanri, A., et al. (2013). “Dietary patterns and suicide in Japanese adults: the Japan Public Health Center-based Prospective Study.” *Br J Psychiatry* 203:422-7.

<sup>4</sup> Reynolds, Charles F., et al. (2014). “Early Intervention to Preempt Major Depression Among Older Black and White Adults.” *Psychiatric Services*; DOI: 10.1176/appi.ps.201300216

<sup>5</sup> Jacka, F.N., et al. (2017). “A randomized controlled trial of dietary improvement for adults with major depression (the ‘SMILES’ trial).” *BMC Med* 15(1):23.

meat. The dietitians helped participants to reduce sugar and processed and packaged foods while increasing whole foods. After only 12 weeks, about a third of the dietary group went into “remission” and were no longer classified as having clinical depression.<sup>6</sup> In comparison, only 8% of the social group went into remission.

Since then, other randomized control studies have replicated the SMILES study and found that dietary changes can help to reduce or even remit depressive symptoms. For example, a 2019 intervention trial done by Australia’s Macquarie University, examined 101 young adults, aged seventeen to thirty-five, with active symptoms of depression and a not-so-great dietary pattern.<sup>7</sup> During a three-week intervention period, half of the participants received a diet intervention via a thirteen-minute video (which they could access and rewatch as needed) that featured a registered dietician offering tips on adhering to a Mediterranean-style diet with added healthy fats. They also received a small basket of food to assist with the implementation of the dietary strategies, and two brief support calls. The other half of the study group received no intervention. The researchers found that individuals who received guidance on improving their diet reported significantly lower depression and anxiety symptoms after three weeks—as well as three months later. Thus, adults with elevated depression symptoms can engage in and adhere to a diet intervention, which can reduce symptoms of depression.

Although the exciting results of SMILES and similar randomized controlled studies highlight that dietary changes can be a powerful tool in addressing mental health problems, discussions about food in the assessment and treatment of depression and anxiety remain the exception, not the rule. In addition, mental health approaches do not adequately address the biological drivers of mental health problems, such as nutritional deficiencies that could lead to poor gut health, inflammation, chronic illnesses, and obesity/overweight.

## **General Requirement**

This Innovation Program (INN) proposal from Weightless4Life introduces a new practice or approach to the overall mental health system that builds upon the benefits of Governor Newsom’s “Great Plates Delivered” program, which distributed nutritious

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<sup>6</sup> The SMILES study results indicated that people in the dietary group also showed significant improvement in measures of anxiety symptoms compared to those who participated in the social support group.

<sup>7</sup> Francis, H.M., et al. (2019). “A Brief Diet Intervention Can Reduce Symptoms of Depression in Young Adults—A Randomized Controlled Trial.” *PLoS One*: <https://doi.org/10.1371/journal.pone.0222768>

prepared meals to help seniors struggling during the COVID-19 pandemic to access food and to combat mental health decline caused by social isolation.<sup>8</sup>

In comparison, this proposal will specifically target the nutritionally-related biological drivers of depression and anxiety, and is based on principles of “nutritional psychiatry,” an emerging field that focuses on using a well-balanced diet as an intervention for mental health. The INN proposal also includes principles of “nutritional psychology,” which examines the relationship between dietary intake patterns and psychological, cognitive, behavioral, perceptual, and psychosocial functioning. The nutritional psychology approach includes education in nutrition to build an individual’s internalized awareness of how the foods they are consuming contribute to the way they feel. This process advocates for a long-lasting internalized shift in one’s understanding of the benefits of eating for nutritional value, rather than convenience, impulse, and perceptual triggering.

As discussed above, the field of nutritional psychiatry has evolved with rapidity over the past several years, with an increasing amount of dietary and/or nutrient-based (nutraceutical) intervention studies being initiated, and more preclinical and epidemiological data available. In general, these studies primarily examine three main categories of biological drivers of mental health problems:

1. Nutrient deficiency,
2. Poor gut health, and
3. Inflammation.

This emergent paradigm involves the clinical consideration of prescriptive dietary modification/improvement, and/or the select judicious use of nutrient-based supplementation to prevent or manage psychiatric disorders. The studies show the impact of specific vitamins and minerals, phytonutrients, mono-unsaturated fatty acids, and probiotics/prebiotics on brain health. They reveal the complex relationship between inflammation and brain function. They explain how the microbiome—the trillions of bacteria that live within each of our guts—influences mood, cognition, and an individual’s overall risk of mental illness. And they prove that targeted changes to a person’s diet, including increasing the vital nutrients that promote brain and gut health, can help improve mood and lessen feelings of anxiety.<sup>9</sup>

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<sup>8</sup> <https://www.gov.ca.gov/2020/04/24/governor-newsom-announces-initiatives-to-support-older-californians-during-covid-19-pandemic/>

<sup>9</sup> For a repository of over 2400 studies on the connection between nutrition and mental health, see <https://www.nutritional-psychology.org/cnp-resource-library/>.

Accordingly, Weightless4Life has created a comprehensive program that targets all three major biological drivers of poor mental health. This INN proposal seeks to improve mental health through:

1. A targeted meal service that includes healthy foods that support good mental health and that excludes unhealthy foods linked to greater depression and anxiety;
2. A nutritional supplement regime that addresses nutrient deficiencies that affect mental health and that are not easily resolvable through dietary intake alone;
3. A comprehensive and easy-to-understand online health education program that instructs participants on how to make the best dietary choices with any budget in any environment, while encouraging self-awareness and independence to adopt the healthier strategies into a lifestyle; and
4. Ongoing social and dietary support through an online community group moderated by nutrition coaches and project administrators.

Each of these four program components will be explained in detail below, as well as how they work together seamlessly to address problems with access to mental health services related to racial disparities, food insecurity, and COVID restrictions.

## **Primary Purpose**

This INN proposal has the primary purpose of:

- Increasing access to mental health services, including to underserved groups, by offering an approach to mental health that is not impeded by social stigma connected to receipt of mental health services.
- Increasing the efficacy and quality of mental health services, including measured outcomes, by targeting the risk factor and biological drivers of mental health related to poor nutrition.
- Promoting interagency and community collaboration related to Mental Health Services, supports or outcomes.



# Proposed INN Program

## Focus on Depression and Anxiety

This INN Program proposal seeks to reduce the symptoms of, or to remediate, depression and anxiety through a comprehensive and integrative nutritional psychiatry/psychology approach. Diet and nutrition are not only critical for human physiology and body composition, but also have significant effects on mood and mental wellbeing. While the determining factors of mental health are complex, increasing evidence indicates a strong association between a poor diet and the exacerbation of mood disorders, including anxiety and depression.

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5), defines depression as a person having multiple symptoms, which may include a depressed mood, loss of energy, diminished ability to concentrate, changes in appetite, and decreased interest or pleasure in normally enjoyable activities, for more than a two-week period. It also states that depression is disruptive and interferes with their ability to live their lives comfortably.

The DSM-5 defines generalized anxiety disorder, the most common anxiety disorder, as “excessive anxiety or worry,” with symptoms that may include feeling “keyed up,” irritability, fatigue, and sleep troubles. Therefore, to be diagnosed with anxiety, you would be experiencing some of those symptoms more days than not over a six-month period.

## INN Project Components

To address depression and anxiety, this proposed INN Program offers a comprehensive approach to improving the dietary causes of these conditions. Specifically, it will include:

1. Prepared meals, delivered weekly to the home or a central location, for a set period of time to:
  - Focus on whole foods
  - Reduce or eliminate sugars and processed foods
  - Improve nutrient deficiencies
  - Improve gut health by increasing fiber and resistant starch

- Reduce inflammation
  - Support hormone balance
  - Initially improve overall nutrition passively to reduce depression and anxiety when the participants' resilience may be low
  - Increase motivation to engage in nutrition education to further independence and long term lifestyle change
2. Easily accessible online education to foster independence with food and lifestyle choices, including:
- **RESET 2.0 Program:** 8-week online education program that offers nutrition/lifestyle education and strategies to improve health.
  - **RESET Maintenance Program:** Four season-specific online health education programs that follow up on the main RESET 2.0 program. RESET Maintenance programs focus on seasonal (i.e., winter, spring, summer, fall) challenges to making healthy choices.
  - **RESET Recipes Program:** Online cooking education to facilitate implementation of the nutrition guidance in the RESET 2.0 program.
3. Nutritional supplement regime to:
- Address nutrient deficiencies difficult to resolve with food
  - Reduce inflammation
  - Balance hormones
  - Control stress
  - Improve gut health with fiber and probiotics
  - Use safely in tandem with psychotropic medications
4. Community support with a moderator through a closed online group accessible by computer, tablet, or cell phone.
- Through our closed online community, participants can connect with other members to support each other's success.
  - The community is monitored by designated RESET experts who can moderate discussions and answer questions to increase the members' nutrition knowledge and independence with making better health decisions.

This INN proposal builds upon the benefits of Governor Newsom's "Great Plates Delivered" program, a first-in-the-nation meal delivery program that helped seniors struggling during the COVID-19 pandemic to access food and to combat

mental health decline caused by social isolation.<sup>10</sup> Beginning the spring of 2020, the Great Plates Delivered program delivered prepared meals home to seniors who were isolating at home during California's stay at home order. The initiative also included a "Social Bridging Project" where callers regularly reached out to the seniors to provide social support. While amazing in its goal, scope, and ingenuity, the Great Plates Delivered program did not align its food nutrition service to established principles of nutritional psychiatry, nor teach the seniors strategies to improve their nutrition to support their mental health. It also did not track whether, and to what extent, the food and social supports successfully reduced mental health decline. Accordingly, it was a missed opportunity to gather important data that could have been used to advance mental health services in California.

This INN Program starts with providing a delicious and nutritious prepared meal service (that also happens to improve mental and physical health) and a nutritional supplement regime that could be taken safely with psychotropic medications, both aimed at improving nutrition when persons with depression and anxiety may have difficulty implementing changes to their lifestyle. Positive changes in nutrition will usually result in marked and noticeable improvements in mental and physical health within the first 2-3 months, which would lead to increased motivation by participants to continue the benefits. Easily accessible online health education is then initiated when motivation is high to support independence and knowledge of healthy habits and choices. Participants are also offered opportunities to supplement their meal service with additional healthy desserts and other food options as a reward for completing the education program and other goal markers. Throughout the program, participants will be supported by their peers who are also participating in the program as well as program moderators in a secure closed online community group.

***This INN Program was designed to flexibly serve diverse and large populations without the need for extensive staffing and high costs.***

The delicious prepared meals are commercially produced in large volumes using only the freshest ingredients and recipes that comport our stringent nutritional guidelines. The online education program is developed by a physician with a Ph.D. in Nutrition and who is quadruple board certified in Emergency Medicine, Obesity Medicine, Anti-Aging and Regenerative Medicine, and as a Physician Nutrition Specialist. The pre-recorded format of the education allows for unlimited users to access the curriculum online at their own convenience. Thus, the nutrition curriculum is standardized, and there is no need for dietitians and nutrition counselors to

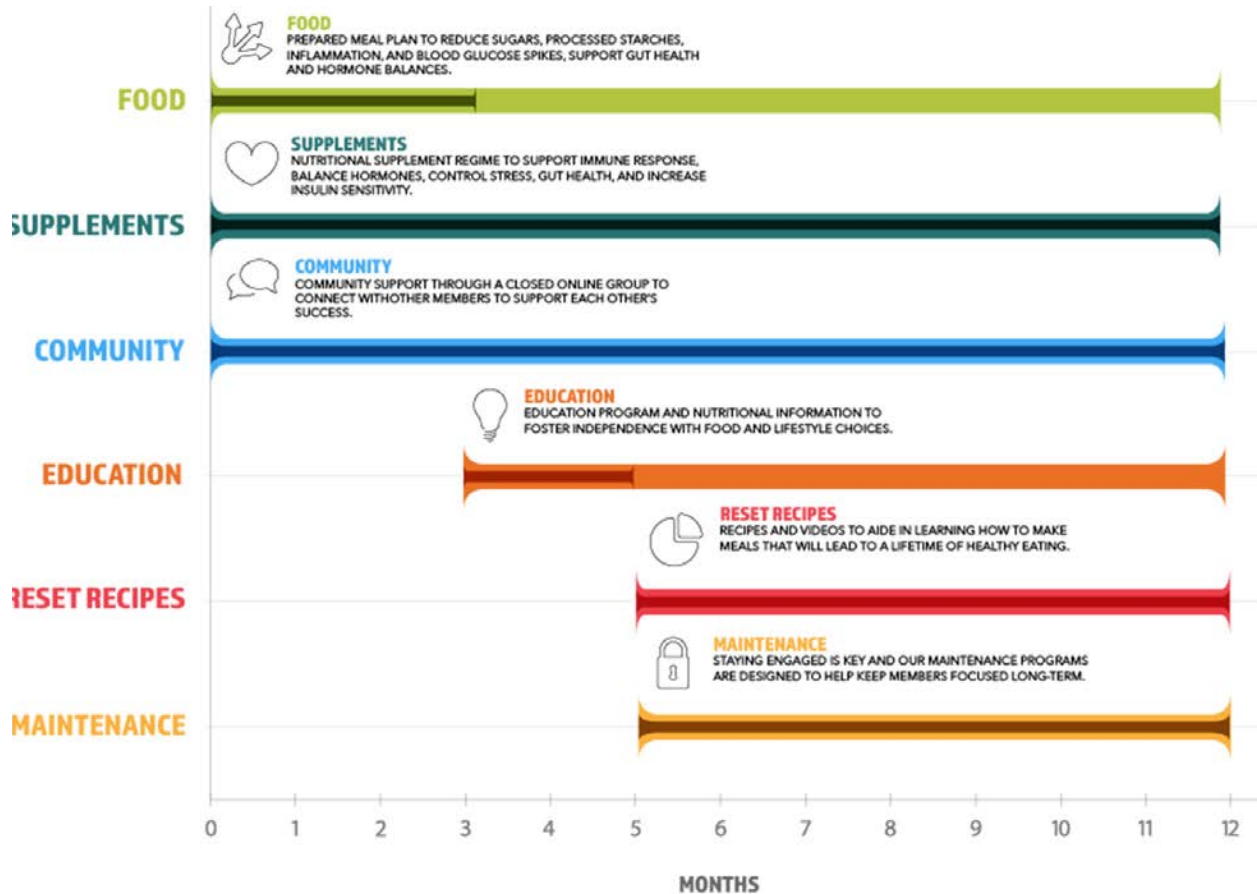
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<sup>10</sup> <https://www.gov.ca.gov/2020/04/24/governor-newsom-announces-initiatives-to-support-older-californians-during-covid-19-pandemic/>

repeatedly convey the nutrition education one-to-one with each participant. The closed online community supports understanding of the information where trained peers and moderators can assist participants on their health journey.

Given the structure and efficiencies of the INN Program, there is no limit to how many people can be served under this INN Program at the same time. The INN services can be offered to multiple cohorts of participants, each for a duration of 12 months. New cohorts may be added every month or quarter, as circumstances warrant. This proposal is for a 3-year Innovation term, with the last cohort beginning at the start of Year 3.

Please see the chart below regarding the timing of the INN services for each cohort during a 12-month period.



## **INN Targets Three Biological Drivers of Depression & Anxiety**

This INN Program addresses all three of the main biological drivers of depression and anxiety, as described above:

1. Nutrient deficiency,
2. Poor gut health, and
3. Inflammation.

Through the program components of prepared meals, health education, nutritional supplementation, and community support, the INN Program will systematically improve mental health by removing unhealthy eating patterns, replenishing the body and brain with deficient nutrients, repairing the damage caused by inflammation and poor gut health, and restoring participants' confidence and ability to make nutrition decisions to independently further their own mental health.

### **A. Nutrient Deficiency:**

Early studies examining the effect of nutrition on mental health typically compared "healthy" diets with "unhealthy" diets. From this research, general therapeutic approaches were devised that guide participants away from what not to eat (e.g., processed foods, sugar, and artificial coloring and preservatives), and towards what to eat (e.g., whole foods and healthy fats).

Subsequent nutritional psychiatry research honed in on specific nutrients and their effect on various physiological processes. Psychiatrists Dr. Drew Ramsey from Columbia University and Dr. Laura LaChance from the University of Toronto reviewed 213 research studies that examined the connection between specific nutrients and depression and anxiety. From this review, they identified 12 nutrients that were considered "Antidepressant Nutrients" because they had the biggest and most direct impact on depression and anxiety:

- Folate
- Iron
- Long chain omega-3 fatty acids (EPA, DHA)
- Magnesium
- Potassium
- Selenium

- Thiamine
- Vitamin A
- Vitamin B6
- Vitamin B12
- Vitamin C
- Zinc

Drs. Ramsey and LaChance then devised the “Antidepressant Food Scale” of food items most dense in these 12 key nutrients.<sup>11</sup> Taken together, to improve depression and anxiety, the content of nutritional interventions must focus on reducing processed foods and sugar, while also increasing whole foods and healthy fats that include the 12 nutrients that research has established has the most power to combat depression and anxiety.

Moreover, the amount of nutritional interventions does not need to be extensive to result in substantial regression of depression and anxiety. Almost a third of the clinically depressed participants of the SMILES study experienced full remission after receiving seven 60-minute nutritional counseling sessions over a 12-week period (i.e., 7 hours total).<sup>12</sup> Similarly, in the Pittsburgh Medical Center study, subjects experienced a 40 to 50 percent improvement in their depressive symptoms over the three-month course of the study when provided six to eight sessions of dietary counseling.<sup>13</sup> The initial session was an hour long, followed by half-hour sessions (i.e., 3.5 to 4.5 hours total). Moreover, in Australia’s Macquarie University study that studied the effect of diet intervention compared to more traditional “problem-solving therapy,” significantly lower depression symptoms were seen in participants who received diet intervention via a thirteen-minute video that they could access and rewatch as needed, a small basket of food that met the requirements of the diet interventions, and two brief support calls.<sup>14</sup>

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<sup>11</sup> LaChance, L. R., & Ramsey, D. (2018). Antidepressant foods: An evidence-based nutrient profiling system for depression. *World journal of psychiatry*, 8(3), 97-104. <https://doi.org/10.5498/wjp.v8.i3.97>

<sup>12</sup> Jacka, F.N., et al. (2017). “A randomized controlled trial of dietary improvement for adults with major depression (the ‘SMILES’ trial).” *BMC Med* 15(1):23.

<sup>13</sup> Reynolds, Charles F., et al. (2014). “Early Intervention to Preempt Major Depression Among Older Black and White Adults.” *Psychiatric Services*; DOI: 10.1176/appi.ps.201300216

<sup>14</sup> Francis, H.M., et al. (2019). “A Brief Diet Intervention Can Reduce Symptoms of Depression in Young Adults—A Randomized Controlled Trial.” *PLoS One*: <https://doi.org/10.1371/journal.pone.0222768>

This INN Program addresses nutrient deficiency in four main ways: (1) by removing unhealthy foods by replacing them with healthier prepared meals, (2) by replenishing nutrient deficiencies through ensuring that the meals meet nutritional recommendations and are dense in the 12 key nutrients, (3) by providing easy-to-follow online nutrition education to ensure participants understand the impact of food on their depression and anxiety, and (4) by replenishing the nutrient deficiencies that are hard to balance through food alone with a nutritional supplement regime. The INN Program's online nutrition education offer 20-30 hours of instruction provided incrementally for easy access. Combined, the educational program and trained peer support through the online community well exceed the amount, breadth, and scope of nutrition counseling found to substantially reduce depression and anxiety in the research studies above.

### **B. Poor Gut Health:**

A key to taking care of our mental health also lies in targeting nutrition that improves gut health. The gut is the body's largest microbiome, home to trillions of microbes. These microbes digest and extract nutrients from our food, metabolize drugs, regulate our immune system, and provide protective defenses that support our health. Alterations in gut microbiota composition may be associated with various neurological disorders, such as stress, depression, anxiety, social behavior, PTSD, bipolar disorder, and schizophrenia.

The gut microbiome may benefit brain health in many ways.<sup>15</sup> First, certain species of bacteria can help produce chemicals in the brain called neurotransmitters. For example, serotonin is an antidepressant neurotransmitter that is mostly made in the gut. Studies in humans have shown that the gut microbiome is also associated with personality traits and psychological states, including self-compassion, empathy, emotional well-being, and wisdom. Furthermore, the microbiome may play an important role in social behavior. People with larger social networks and lower levels of loneliness tend to have more diverse gut microbes. Additionally, people with psychiatric illnesses, including depression, bipolar disorder, PTSD, and schizophrenia, have significantly different microbiome communities than those people without mental health conditions. Importantly, this is true even when taking into account other factors that are known to impact the microbiome, such as age, body mass index, and medical diseases.<sup>16</sup>

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15 [https://www.healthline.com/nutrition/gut-microbiome-and-health#TOC\\_TITLE\\_HDR\\_8](https://www.healthline.com/nutrition/gut-microbiome-and-health#TOC_TITLE_HDR_8)

16 Ibid.

Second, the gut is physically connected to the emotional centers of the brain through a network of millions of nerves, termed the “gut-brain axis.” Therefore, the gut microbiome may also affect brain health by helping control the messages sent to the brain through these nerves. For example, when we feel stressed or anxious, we may end up with an upset stomach due to the signals our brain has sent to our gut. On the other hand, disruption to gut pathways may affect our body’s stress response, emotional arousal, mood, motivation, and even higher-order cognitive functions such as decision-making.<sup>17</sup>

Third, researchers are also finding evidence that irritation in the gastrointestinal system may send signals to the central nervous system that trigger mood changes.<sup>18</sup> For example, poor diets can lead to a “leaky gut,” which allows gut microbes to pass through the gut barrier into the bloodstream. White blood cells in circulation can sense these microbes and cause an inflammatory reaction by releasing small proteins, called cytokines, that can pass through the blood-brain barrier and act directly on the brain. This unhealthy inflammatory cascade has been linked to depression and anxiety.<sup>19</sup>

To maintain or restore gut health and the microbiome to support good mental health, it is important to maintain a strong balance in favor of beneficial bacteria in the digestive tract.<sup>20</sup> The thousands of different types of both “good” and “bad” bacteria that populate the microbiome normally exist in a balance in favor of beneficial bacteria that help prevent overgrowth of bad bacteria that can harm your health. Studies have shown that the potential harm caused by an imbalanced microbiome includes inflammation, intestinal permeability, or lack of bacterial diversity.

This INN Program would aid in replenishing good bacteria and repairing the gut barrier by offering well-balanced prepared meals that include foods high in fiber and resistant starch, and foods with probiotic or prebiotic ingredients. Diets rich in fiber, prebiotics, and probiotics are associated with a highly diverse and balanced

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17        Ibid.

18        Kim YK, Shin C. (2018). “The microbiota-gut-brain axis in neuropsychiatric disorders: pathophysiological mechanisms and novel treatments.” *Curr Neuropharmacol* 16(5):559-573.

19        In addition to affecting mental health, systemic inflammation and gut “dysbiosis” – a loose term that implies an unbalanced, unhealthy gut microbiome – also plays an important role in other aspects of your physical health, including chronic illnesses, including diabetes, hypertension, and heart disease.

20        Mason, BL. (2017). “Feeding systems and the gut microbiome: gut-brain interactions with relevance to psychiatric conditions.” *Psychosomatics* 58(6):574-580.



microbiome, and resistant starch helps turn over the cells lining the gut.<sup>21</sup> Additionally, the nutrition education component includes instruction on increasing these gut-healthy foods to restore balance to the gut longterm. The nutritional supplements offered in this INN Program also offer another opportunity to replenish good bacteria through probiotics that support gut health.

### **C. Inflammation:**

Similar to inflammation resulting from an unhealthy gut, nutritional psychiatry studies also demonstrate that persistent, chronic inflammation—our immune system’s protective response that helps to fight off injury or infection—can lead to depression and anxiety issues.<sup>22</sup> Many studies have shown that approximately one-third of patients diagnosed with depression have high levels of different inflammatory markers, like CRP or interleukin-6, coursing through the body. Seasonal affective disorder (SAD), a type of depression that tends to hit in the late fall and early winter months, has also been linked to a higher level of inflammatory markers in the body.<sup>23</sup> Those inflammatory markers may be behind symptoms like anhedonia, the inability to feel pleasure, and sleep issues.<sup>24</sup>

The brain, like the rest of the body, can also be affected by inflammation. When researchers from Emory University scanned the brains of depressed individuals with high levels of CRP, they found less activation in key circuits connecting the brain’s reward areas to those responsible for executive function. Prolonged inflammation significantly slows down the ability of different regions to coordinate and talk to one another, resulting in common depressive symptoms.<sup>25</sup> While to date, the majority of studies have looked at the relationship between inflammation and depression, there has also been quite a bit of work showing that pro-inflammatory molecules can alter the circuitry in the brain’s fear centers, too. Thus, chronic inflammation has also been reliably linked to anxiety.

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<sup>21</sup> Fiber is composed of long chains of sugars that are too complex for our own digestive tract to break down. The bacteria in our gut ferment fiber and, in the process, produce short chain fatty acids (“SCFAs”) that are anti-inflammatory and nourish the cells lining the gut. SCFAs are believed to mediate the gut-brain axis crosstalk. They support the integrity of the blood-brain barrier and can have neuroactive properties. They may also be involved in critical phases of neurodevelopmental and neurodegenerative disorders.

<sup>22</sup> Ramsey M.D., *Drew. Eat to Beat Depression and Anxiety (Nourish Your Way to Better Mental Health in Six Weeks)*, p. 68.

<sup>23</sup> S. J. Leu et al. (2001), “Immune-Inflammatory Markers in Patients with Seasonal Affective Disorder: Effects of Light Therapy,” *Journal of Affective Disorders* 63, no. 1-3: 27-34, <https://www.sciencedirect.com/science/article/abs/pii/S0165032700001658>.

<sup>24</sup> Felger, J.C. et al. (2016), “Inflammation Is Associated with Decreased Functional Connectivity within Corticostriatal Reward Circuitry in Depression,” *Molecular Psychiatry* 21: 1358-65, <https://www.nature.com/articles/mp2015168>.

<sup>25</sup> *Ibid.*

One of the most powerful tools available to combat this excess inflammation is food. By eating foods with anti-inflammatory properties, it is possible to reduce inflammation in the brain and, consequently, lower the risk and symptoms of depression and anxiety.<sup>26</sup> Recently, a meta-analysis of randomized clinical trials showed that treating the inflammation in concert with a mood disorder can make traditional antidepressant medications work even better.<sup>27</sup> As it has become more and more clear that anxiety and depression are partially inflammatory diseases, finding reliable ways to reduce the number of pro-inflammatory molecules released by the immune system seems like an important step in providing the best possible treatment outcomes for patients.

This INN Program reduces inflammation naturally by offering prepared meals that include anti-inflammatory foods and that exclude foods that causes inflammation (such as hydrogenated oils, processed foods, and sugars). As discussed above, the strategies to balance the gut microbiome and improve the health of the gut barrier also effectively reduces inflammation in the body and brain.

### **INN Program Will Also Improve Chronic Illnesses That Affect Mental Health**

While not the focus of this INN Program, correcting nutrition will also likely result in weight loss and substantial health benefits. Incidentally, the same biological drivers affecting mental health are also key causes of chronic illness. Unhealthy diets increase the risk of chronic illnesses such as heart disease, hypertension (high blood pressure), stroke, high blood glucose and type 2 diabetes, many forms of cancer, and overweight and obesity—all of which are at record high levels. These chronic conditions also increase the risk and severity of mental health problems.

According to the National Institute of Health (“NIH”), there are several connections between chronic health and mental health:<sup>28</sup> Chronic illnesses may make persons more likely to have or develop a mental health condition.<sup>29</sup> Some risk factors for depression are directly related to having another illness. For example, conditions such as stroke cause changes in the brain. Obesity and diabetes cause

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<sup>26</sup> See, e.g., Swann, Olivia G. et al. (2019), “Dietary fiber and its associations with depression and inflammation,” *Nutrition Reviews* 78, no. 5: 394-411, <https://doi.org/10.1093/nutrit/nuz072>.

<sup>27</sup> Kohler-Forsberg, O. et al. (2019), “Efficacy of anti-inflammatory treatment on major depressive disorder or depressive symptoms: meta-analysis of clinical trials,” *Acta Psychiatrica Scandinavica* 139, no. 5: 404-419, <https://doi.org/10.1111/acps.13016>

<sup>28</sup> (<https://www.nimh.nih.gov/health/publications/chronic-illness-mental-health/index.shtml>)

<sup>29</sup> <https://gutpathogens.biomedcentral.com/track/pdf/10.1186/1757-4749-5-3>

changes in hormones. In some cases, these changes may have a direct role in depression. Illness-related anxiety and stress also can trigger symptoms of depression.

Research also suggests that people who concurrently have depression and another medical illness tend to have more severe symptoms of both illnesses. Research has also shown that treating depression and chronic illness together can help people better manage both their depression and their chronic disease. Therefore,

***...a collaborative care approach that includes both mental and physical health care can improve overall health.***

However, current approaches to mental health often fail to address the biological drivers of mental health problems, thereby neglecting this collaborative care approach.

Per the NIH, a loss of only 5% of body weight results in substantial health benefits. It significantly decreases body fat (including abdominal fat and fat in the liver), and decreases plasma levels of glucose, insulin, triglycerides, and leptin, which are risk factors for heart disease and diabetes. A 5% weight loss also results in improved function of insulin-secreting  $\beta$  cells, as well as the ability of fat, liver, and muscle tissue to respond to insulin.<sup>30</sup> Because persons with heart disease and diabetes are at a higher risk of having mental health issues, and ameliorating these chronic illnesses could reduce such risks.

By targeting nutritional deficiencies, gut health, and inflammation, this INN Program will likely improve both physical and mental well-being. Poor nutrition may be a causal factor in the experience of low mood and improving diet may help to protect not only the physical health but also the mental health of the population.<sup>31</sup> Participants would likely feel healthier, more energetic, mentally clearer, happier, more confident, and suffer from fewer severe mood fluctuations.

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30 See <https://www.nih.gov/news-events/nih-research-matters/benefits-moderate-weight-loss-people-obesity>.

31 <https://pubmed.ncbi.nlm.nih.gov/32601102/>

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# Mental Health Access

## Addressing Racial Disparities That Affect Mental Health Treatment

Studies focused on racial or ethnic minority groups have shown that depression, stress, and anxiety due to disparities in social determinants of health, adverse childhood experiences, and racism/discrimination could place certain populations at a higher risk for mental health problems and chronic illnesses such as hypertension, cardiovascular reactivity, heart disease, and poor heart health outcomes.

As noted above, persons with chronic illnesses are at a higher risk of mental illness. Race and ethnicity significantly influence the risk of cardiovascular disease in the U.S.<sup>32</sup> In the United States, nearly half of all black adults have some form of cardiovascular disease, compared with about one-third of all white adults.<sup>33</sup> The black race is also associated with increased mortality from ischemic heart disease and stroke compared with whites. Moreover, diabetes, a major risk factor for cardiovascular disease, affects black Americans disproportionately, and frequently, diabetes is not as well controlled in blacks as in whites.

Similarly, Hispanics and Latinos have higher rates of obesity, diabetes, and other cardiovascular risk factors compared with whites between 2010 and 2018.<sup>34</sup> Hispanics were about 50% more likely to die of diabetes than whites according to the CDC. While the prevalence of diabetes among white adults was 9.5%, 16.1% of Asians immigrating from the Indian subcontinent had diabetes as well as 13.1% of Southeast Asians.<sup>35</sup>

Many studies have found that the stigma associated with mental illness often prevents people from accessing treatment. As a result, there are racial disparities associated with access to mental health treatment. More than half of people facing



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<sup>32</sup> <https://care.diabetesjournals.org/content/28/11/2620/>

<sup>33</sup> <https://www.health.harvard.edu/heart-health/race-and-ethnicity-clues-to-your-heart-disease-risk>

<sup>34</sup> <https://www.heart.org/en/news/2020/11/13/heart-risk-factors-vary-greatly-among-asian-immigrants>

<sup>35</sup> Ibid.

severe mental illness who are Black, Hispanic, or Asian do not get treatment or receive inferior treatment. Minorities are often more likely to be poor, less likely to be treated by doctors of their same race, and, in many cases, less likely to know they have a mental health condition that requires professional care.<sup>36</sup>

***While stigma exists that results in racial disparities related to access to mental health services, no such stigma exists associated with treatments for chronic health conditions.***

Health awareness has also been identified as associated with racial disparities leading to reduced access to mental health treatment. Physical injuries and illnesses are typically obvious. They do not feel well, something hurts, or some clinical test shows an abnormality. Mental illnesses, however, are often hard to recognize.

This INN project will address racial disparities associated with mental health treatments by focusing on the biological drivers of mental health problems that increase the risk of racial minorities for also having chronic health conditions. Access, racial disparity, and health awareness problems could be addressed by an approach that targets the biological drivers of the mental health illnesses that overlap with more obvious chronic health conditions. While many racial/ethnic groups may resist accessing mental health treatment, they likely will be more accepting of treatments typically targeted at improving physical health.

## **The Impact of Food Insecurity and COVID-19 on Mental Health**

***The impact of Covid-19 mitigation strategies has increased poor health and mental health problems.***

According to health researchers, COVID-19 mitigation strategies have led to “reduced schooling, reduced economic activity, increased substance abuse, more suicides, more loneliness, reduced contact with loved ones, delayed [medical treatment], delayed childhood vaccinations, increased anxiety, lower wage growth, travel restrictions, reduced entertainment choices, and fewer opportunities for

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<sup>36</sup> <https://www.socialsolutions.com/blog/barriers-to-mental-healthcare-access/>

socializing and building friendships.”<sup>37</sup> “Food insecurity” has also intensified in the middle of COVID-19, the most significant pandemic of our lifetime.

Food insecurity is characterized by an individual or household lacking access to adequate food to support a healthy lifestyle.<sup>38</sup> Food insecurity occurs when food is either too far away or too expensive to purchase. A “food desert” is one type of food insecurity. When a person lives in a food desert, this means that a supermarket is more than 1 mile away in an urban area or more than 10 miles away in a rural area. This can be manageable if your family has a car, but 2.1 million Americans live in food deserts and don’t have a car or public transportation on top of that to get to a supermarket, making it nearly impossible to achieve food security. According to the United States Department of Agriculture (USDA), approximately 22.5% of African American and 18.5% of Hispanic households are food insecure. This is far above the national average of 12.3%, and mirrors the higher rate of mental illness in these populations.

One factor contributing to these high rates of food insecurity is that African American and Hispanic suffer income inequality more than any other group in the United States. In the wake of COVID-19, unemployment rates are higher than those at the peak of the Great Depression. With this rise in unemployment and inflation substantially increasing the cost of groceries and gas, consistent access to nutritious food is elusive for many people. As a result, food banks throughout the country are seeing higher attendance rates than ever before. However, even with food banks, access to healthy food with proper nutrition to support mental health is not likely often available.

According to research, food insecurity is linked to eating disorders that undermine health. Research shows it is associated with preventable, life-threatening diseases including high blood pressure, diabetes, cancer, and stroke.<sup>39</sup> In early childhood, it is associated with poor health, chronic illness, and special needs.<sup>40</sup> Beyond the physical implications, there is clear evidence that food insecurity also takes a toll on mental health – especially the mental health of young people. A 2012 study found food insecurity increased the chance of mood, anxiety, behavior, and substance use disorders in teenagers. Even when statistically factoring out other

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37 <https://fee.org/articles/costs-of-covid-mitigation-efforts-vastly-outweigh-benefits-for-89-of-population-health-researchers-conclude/>

38 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6470829/>

39 [https://www.ers.usda.gov/webdocs/publications/84467/err-235\\_summary.pdf?v=2983.5](https://www.ers.usda.gov/webdocs/publications/84467/err-235_summary.pdf?v=2983.5)

40 [https://academic.oup.com/tbm/article-abstract/10/5/1086/5921050?redirectedFrom=fulltext&casa\\_token=eFWRI\\_lx2ycAAAAA:wKXnlfa8\\_UkUIRee8GSfl6sgSNuu6-k71pVJTPYkKIEq1-AhRpxASGSenTZBLX9j0rPZTIIB8eM](https://academic.oup.com/tbm/article-abstract/10/5/1086/5921050?redirectedFrom=fulltext&casa_token=eFWRI_lx2ycAAAAA:wKXnlfa8_UkUIRee8GSfl6sgSNuu6-k71pVJTPYkKIEq1-AhRpxASGSenTZBLX9j0rPZTIIB8eM)

consequences of extreme poverty, food insecurity led to a 14 percent increase in the risk of mental health disorders.<sup>41</sup> A 2016 study found that food insecurity leads to depression and thoughts of suicide among young people.<sup>42</sup>

Food Insecurity also has a significant effect on the likelihood of being stressed or depressed in adults.<sup>43</sup> The results of a recent meta-analysis of 19 studies showed that there was a positive relationship between food insecurity and the risk of depression.<sup>44</sup> The study also found that male subjects and subjects older than 65 years exhibited a higher risk of depression. Furthermore, food-insecure households living in North America had the highest risk of stress and anxiety compared to other geographical locations.

In summary, racial and ethnic minorities continue to face the brunt of the compounded issues of food insecurity, COVID-19 restrictions, disordered eating, and chronic illnesses, all of which are associated with higher rates of mental illness.<sup>45</sup> Racial and ethnic minorities are also least likely to access mental health services due to cultural stigma and lack of health awareness.

Based on the above, an INN Program that incorporates nutritional psychiatry and psychology principles to alleviate food insecurity would promote holistic well-being in youth and adults, especially among racial-ethnic minorities. This INN program can serve many diverse populations simultaneously, and access barriers in food deserts can be addressed by shipping the meals and supplement regime straight to homes of the participants. Moreover, the nutrition education, which is accessible online from any computer, tablet, or smartphone, will help participants to make better food purchase decisions to maximize nutrition density within any budget.



BFN2OoC0

## **Summary of Ways This INN Program Supports Mental Health**

This INN Program supports mental health by:

1. Improving biological drivers of mental health conditions through a comprehensive nutritional psychiatry/psychology approach that addresses nutritional deficiencies, poor gut health, inflammation, and chronic health conditions.
2. Increasing access to mental health services by racial/ethnic groups that typically avoid mental health treatment due to social stigma, by offering treatment that is more commonly associated with less stigmatic treatment for physical health conditions.
3. Addressing food insecurity by offering a nutritious meal service designed to ameliorate nutritional deficiencies, improve gut health, reduce inflammation, and improve chronic health conditions.
4. Improving biological drivers of mental health caused by nutrient deficiencies that are difficult to obtain through food sources by providing participants with a targeted nutritional supplement regime.
5. Encouraging individual responsibility for their health and independence by offering easy-to-access online health education that includes nutrition guidance and strategies for better health choices.
6. Supporting participants socially and educationally in an easy to access online community of their peers and program moderators. The community supports them by encouraging comments and questions, showing them that others share their journey, while also enabling them to be as active or anonymous as they desire.



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# Being Innovative

## **The Problem We Are Solving**

Although the connection between nutrition and mental health is strongly supported by research and is gaining worldwide acceptance, very few clinical or community-based programs exist that offer nutritional support for persons with mental health difficulties. Given the strong research support and scant clinical practice data on this topic, the use of Innovation funds to explore the practical application of nutrition strategies to address mental health is warranted and timely. Addressing mental health through the biological drivers that also affect chronic illnesses will likely result in better overall health for all.

## **Why This INN Program is Innovative**

Despite strong scientific evidence establishing that diet and nutritional interventions can ameliorate depression and anxiety, there are few formal programs in the United States that implement these findings in practice.

- Current traditional approaches to mental health treatment do not include standardized protocols related to improving diet to prevent or treat mental health conditions. This Innovation Program would offer a new strategy not yet tried in this State at the county level. Specifically, it would implement a comprehensive nutritional psychiatry and nutritional psychology approach in the mental health system.
- Depression and anxiety accounts for a significant proportion of global disability and poses a substantial social, economic, and health burden. Treatment is presently dominated by pharmacotherapy, such as antidepressants, and psychotherapy, such as cognitive-behavioral therapy; however, such treatments avert less than half of the disease burden, suggesting that additional strategies are needed to prevent and treat mental disorders. As described above, there are now consistent mechanistic, observational, and interventional data to establish diet quality may be a modifiable risk factor for mental illness.
- Compared to strategies already implemented that revolve around improving access to or delivery of traditional therapeutic strategies, this proposal seeks to implement a targeted nutritional psychiatry/psychology

program that complements the traditional approach to mental health treatment. Additionally, this proposal incorporates highly motivating rewards aimed at increasing participation in the nutrition education, supports and strategies of the Innovation Program.

- The strategies and supports in this INN proposal seek to reduce mental health difficulties by targeting all main biological drivers of mental health conditions, such as nutrient deficiencies, poor gut health, and inflammation, as well as physiological changes connected to chronic health conditions.
- Most existing community-based resources target food insecurity and nutritional deficiencies connected to mental health through increasing access to food at food pantries/kitchens or are national programs that provide cash and food subsidies. However, the supports are not designed to improve the biological drivers of mental health problems, nor do they teach independence with making proper food choices that support good mental health.

## **Gaps in Current Knowledge**

For the past two decades, research on nutritional psychiatry and nutritional psychology has been conducted throughout the world. Repositories of such research studies can be found at:

- The Center for Nutritional Psychology<sup>46</sup>
- The International Society for Nutritional Psychiatry Research<sup>47</sup>
- The Food and Mood Center of Australia<sup>48</sup>
- The University of Canterbury, Department of Psychology, Speech, and Hearing<sup>49</sup>
- Taiwanese Society for Nutritional Psychiatry Research<sup>50</sup>

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<sup>46</sup> <https://www.nutritional-psychology.org/cnp-resource-library/>

<sup>47</sup> <http://www.isnpr.org/>

<sup>48</sup> <https://foodandmoodcentre.com.au/>

<sup>49</sup> <https://www.canterbury.ac.nz/science/schools-and-departments/psyc-speech-hear/research/mental-health-nutrition/>

<sup>50</sup> <https://www.tsnpr.org.tw/>

There have also been a number of books written by leaders in the field of nutritional psychiatry. Those books include, but are not limited to, the following:

- *Eat to Beat Depression and Anxiety (Nourish Your Way to Better Mental Health in Six Weeks)* by psychiatrist Dr. Drew Ramsey, M.D.
- *Brain Changer* by Professor Felice Jacka, Ph.D.
- *This is Your Brain on Food* by psychiatrist Dr. Uma Naidoo, M.D.

While the research in nutritional psychiatry/psychology has established a close connection between diet and mental health, information related to the success of dietary changes on mental health in the clinical environment is scant. Currently, research has uncovered only three clinical nutritional psychiatry programs in the United States, located at:

- The Massachusetts General Hospital;<sup>51</sup>
- The Brain Food Clinic in New York<sup>52</sup>; and
- The Cleveland Clinic in Ohio.<sup>53</sup>

Each of these programs is part of each facility's psychiatric department, and they involve one-to-one nutrition counseling, either through a dietitian or treating psychiatrist, as a component of the overall psychiatric treatment.

Additionally, a majority of physicians and therapists report that they lack nutrition education and training, particularly as it relates to the treatment of mental health conditions. Accordingly, a search of nutritional psychiatry/psychology training programs developed by persons knowledgeable about nutrition's role in changing physiology and brain chemistry came up with only two:

- *Nutritional Psychiatry for Health Care Practitioners* by Dr. Drew Ramsey,<sup>54</sup> and
- *Introduction to Nutritional Psychology Methods through the Center for Nutritional Psychology.*<sup>55</sup>

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<sup>51</sup> <https://www.massgeneral.org/charged/episodes/uma-naidoo>

<sup>52</sup> <https://drewramseymd.com/who-we-are/>; see also <https://youtu.be/BbLFsQubdtw>

<sup>53</sup> [https://my.clevelandclinic.org/ccf/media/Files/Neurological\\_Institute/Cleveland-Clinic-Food-for-Brain-Health-Michael-Roizen.pdf](https://my.clevelandclinic.org/ccf/media/Files/Neurological_Institute/Cleveland-Clinic-Food-for-Brain-Health-Michael-Roizen.pdf)

<sup>54</sup> <https://the-brain-food-academy.teachable.com/p/nutritional-psychiatry>.

<sup>55</sup> <https://www.nutritional-psychology.org/np110/>

There appear to be two main gaps in the literature and existing practice that can be addressed through this INN project. First, most nutritional psychiatry research focuses on individual nutrients or narrow components of biological drivers affecting mental health. Although certain “diets” (such as the Mediterranean diet and the standard American diet) have been studied for correlations with mental health, scant information exists that reconciles the research globally into a cohesive and comprehensive approach to treating mental health.

Second, the existing practice in the area of nutritional psychiatry appear to treat patients on an individual basis through one-to-one counseling and/or treatment. While highly personalized, this approach is very inefficient and costly. Moreover, requiring persons to come to appointments to receive nutrition counseling may impact access to such treatment, particularly for certain racial groups and during this COVID pandemic. Instead, we propose providing nutrition counseling through online video education courses that can be viewed at the patient’s convenience and rewatched as needed to solidify their understanding of the concepts. This way, there is consistency in the content of dietary advice, participants can involve their family for support and encouragement, and the education could reach the largest population possible simultaneously.

As explained more fully above, this INN proposal includes specialized meals manufactured by persons knowledgeable about food ingredients that impact health, a supplement regime that reconciles the research in the field of nutritional psychiatry, and the education program is developed by a physician with expertise in nutrition and integrative medicine. This INN program can serve many diverse populations simultaneously, and access barriers can be addressed by shipping the meals and supplement regime straight to homes of the participants with the nutrition education accessible online from any computer, tablet, or smartphone.

### **Learning Goals/Project Aims**

This proposal seeks to obtain more information related to the connection between diet and mental health. Specifically, we would like data to determine:

- Whether, and to what degree, a prepared meal service and supplement regime that reduces or eliminates sugar and processed foods that cause inflammation, that improves gut health through increased fiber and resistant starches, and that addresses nutrient deficiencies, will result in improved mood and overall mental health, as self-reported by the participant in pre- and post-program surveys.

- Whether, and to what degree, a pre-recorded online nutrition education curriculum with online community support from peers and trained moderators will lead to improved mental health long term, as measured by post-program interviews and surveys at 6 months and 1 year post program completion.
- Whether, and to what degree, access to online nutrition education and an online support community will lead to greater knowledge and awareness of, and independence with, health choices affecting mental health by participants, as determined by self-report via pre- and post-program surveys.
- Whether, and to what degree, the addition of nutritional psychiatry/psychology supports and strategies improves mental health outcomes of persons already receiving traditional mental health treatment, as determined by pre- and post-program surveys.

By understanding and controlling the possible biological precursors and contributors to mental health decline, we may better understand how to expand our arsenal of treatment strategies to prevent or treat mental health problems more globally and effectively.

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# Summary

Diet and nutrition are not only critical for human physiology and body composition, but also have significant effects on mood and mental wellbeing. While the determining factors of mental health are complex, increasing evidence indicates a strong association between a poor diet and the exacerbation of mood disorders, including anxiety and depression, as well as other neuropsychiatric conditions.<sup>56</sup> Studies focused on understanding the biological pathways that mediate the observed relationships between diet, nutrition, and mental health are pointing to the immune system's inflammation response and the microbiome-gut-brain axis as key targets for nutritional interventions.<sup>57</sup> Poor nutrition may be a causal factor in the experience of low mood and improving diet may help to protect not only the physical health but also the mental health of the population.<sup>58</sup> In particular, Western dietary habits have been the object of several research studies focusing on the relationship between nutrition and mental health.<sup>59</sup>

In the past 20 years, a new approach to treating both mental and physical health simultaneously has gained momentum and acceptance – namely, the implementation of nutritional psychiatry. In this proposal, we offer a new approach to treating depression and anxiety that incorporates the thousands of studies conducted in this field. This INN Program seeks to improve mental health outcomes through a comprehensive nutritional psychiatry/psychology approach that offers a targeted meal service, nutritional supplement regime, online health education program, and accessible support through an online community group. This approach to mental health treatment can increase access to groups that typically avoid care due to stigma, and can serve large and diverse groups simultaneously, efficiently, and cost-effectively.

We look forward to opening a dialogue with county mental health agencies about this exciting approach, and to the potential opportunity to serve our communities.

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<sup>56</sup> <https://pubmed.ncbi.nlm.nih.gov/31735529/>

<sup>57</sup> <https://pubmed.ncbi.nlm.nih.gov/28242200/>

<sup>58</sup> <https://pubmed.ncbi.nlm.nih.gov/32601102/>

<sup>59</sup> <https://pubmed.ncbi.nlm.nih.gov/33763446/> Page 4 of 24

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# About Us

## **Dr. Ban G. Truong, DO, PhD, FACEP, ABAARM**

Dr. Ban is a physician with a Ph.D. in Nutrition, and who is quadruple board certified in Emergency Medicine, Obesity Medicine, Anti-Aging and Regenerative Medicine, and as a Physician Nutrition Specialist. Dr. Ban has treated patients in a wide range of medical settings from primary care to urgent care to the emergency room setting, many of whom struggled with preventable diet-related illnesses. Among his many roles, he currently serves as Medical Director for Weightless4Life, and online health education company. He approaches that role with the thoughtfulness and compassion gained from years regularly seeing patients in the primary, urgent, and emergency settings.

Dr. Ban was also formerly a college professor who taught nutrition and the sciences. He is the co-creator of the Reset Program and the Diabetes Reversal Program, online educational courses that have helped thousands of people to improve health through education and better nutrition.

## **Van T. Vu, JD, LLM**

Van has devoted her entire professional career to furthering education for all. She previously served as special legal counsel to public educational agencies and county mental health agencies, whom she helped to provide appropriate education to students with special needs. In this capacity, she facilitated collaborations between school districts and mental health agencies to serve the mental health needs of students following the repeal of AB 3632, the law that required county mental health agencies to provide mental health services to students as part of their educational program. She also helped school districts develop a full continuum of mental health procedures and programs, ranging from response to intervention models to placements of students in residential facilities to meet their unique needs.

Van also formerly served as an administrative law judge presiding over educational hearings throughout California, as an adjunct law professor, and as a Senate appointee to the Statewide Pupil Assessment Review Panel. She currently serves as Chief Executive Officer to two companies—Weightless4Life, an online health education company, and Twin Dragons Baking Company, a commercial manufacturer of healthy sugar-free and diabetic-friendly foods. She is the co-creator of the Reset Program and the Diabetes Reversal Program, both targeted to improve health through education.

## **Organizational Description**

Yolo Community Care Continuum (YCCC) is a non-profit agency (tax id 94-2623205) that has provided an array of community-based programs for people experiencing a psychiatric disability for over 42 years. Each service is designed to meet the individual needs at specific points in the recovery process. Community settings are voluntary, and clients have support from staff, peers, and volunteers.

Services provided at YCCC programs are designed to improve the mental health of those served and provide support to prevent costly psychiatric hospitalization and incarceration. Staff work individually with the residents to teach independent living skills, mental health management skills, and care of health problems. Staff help residents obtain benefits and to integrate into the community through volunteer work or a job. The services provided ensure that the residents housed by YCCC do not experience the negative consequences that are often associated with psychiatric decompensation: homelessness, involuntary hospitalization, and incarceration.

## **Description of Request**

YCCC has served over 8,000 Yolo County residents in their time of need. Buildings that are continually used suffer disrepair issues more quickly than an average individual residence, and YCCC facilities have some needs for repairs and upgrades that will make the program more energy efficient and keep us a community resource for years to come. This request is for funding to address efficiency upgrades that will reduce the operating costs of delivering services. Some energy efficiency updates will ensure that YCCC can provide cost effective services to the residents of Yolo County for years to come. Improvements include:

- Energy efficient windows
- Weatherstripping/sealing
- Insulation
- Outside solar lighting
- Solar panels to reduce electrical usage and improve energy efficiency.
- Tankless water heater to meet the requirements of Department of Social Services Community Care Licensing Department
- Energy efficient radiant floor heating

## **Experience Completing similar projects**

YCCC has a demonstrated track record of successfully managing construction and building improvement projects. We have received funding for services for over 15 consecutive years and have completed a number of capital projects. Those projects include:

Project: Renovation of 10-bed long term residential treatment facility  
Fiscal Years 11 to 13 (multi-year funding) Completed renovation of a 10-bedroom residential care facility in Davis that serves Woodland residents. All CDBG funds were expended by the end of fiscal year 13-14. Currently, 10 very low-income individuals with a mental illness live there.

Project: Renovation of special needs affordable housing  
Fiscal Years 09 to 10 Completed renovation of a 5-unit affordable housing unit on College St. All CDBG funds were expended by the end of this fiscal year. The installation of a



wheelchair lift for accessibility met an identified need in this community for Woodland residents. Currently, 5 very low-income individuals with a mental illness live there.

Project: Development of 14-bed crisis shelter to respond to community needs for increased crisis beds. Fiscal Years 01 to 07: Completed construction of a 14-bed, 5,000-square-foot crisis residential facility located on Kentucky Avenue.

Project: Renovation of same 14-bed crisis shelter above. Fiscal Years 19 to 20

Project: Renovation of special needs affordable housing  
Fiscal Years 11 to 13 Completed renovation of an affordable housing unit on College St. All CDBG funds were expended by the end of this fiscal year. This center provides services to mentally ill individuals many of whom are homeless. Currently, it serves individuals with a mental illness who have housing needs.

Yolo Community Care Continuum has owned the properties for which we are requesting funds for over 42 years.

### **The Need**

Funding to remodel nonprofit facilities is difficult to obtain. Other funding sources have been explored such as fundraising and donations, but we are unable to raise the amount of funding needed for the project for which we are requesting funding. Fundraising efforts are used to support the services provided to Yolo County residents and others with a mental illness in crisis. YCCC serves very low income mentally ill individuals who only receive \$1,040 per month on SSI and cannot afford extra payments for the much-needed improvements to the grounds and buildings.

### **Energy Upgrades**

Safe Harbor (584 Kentucky Ave. Woodland)

Solar tankless water heater

Solar panels

New roof

Weatherstripping/sealing

Outdoor lighting

Farmhouse (24321 County Rd. 96 Davis)

Dual paned, energy efficient windows between 0.17 and 0.30 U-factor rating

solar tankless water heater

Insulation

Ducting repair and sealing

Solar panels

Weatherstripping/sealing

Outdoor lighting

Be House (168 College St. Woodland)

Insulation

Weatherstripping/sealing

Ducting repair and sealing

Dual paned, energy efficient windows between 0.17 and 0.30 U-factor rating

Weatherstripping/sealing  
Electrical panel upgrades or replacement  
Water piping upgrades or replacement  
Structural building modifications or supports  
Outdoor lighting

Haven House (166 College St. Woodland)

Insulation  
Ducting repair and sealing  
Solar panels  
Dual paned, energy efficient windows between 0.17 and 0.30 U-factor rating  
Weatherstripping/sealing  
Electrical panel upgrades or replacement  
Water piping upgrades or replacement  
Structural building modifications or supports  
Outdoor lighting  
EV charging station

### **Anticipated Energy Savings**

Solar tankless water heaters \$26,000. A solar water heater qualifies for a 30 percent tax credit, and studies have shown that they reduce water heating expenses by 50 to 80 percent at each site proposed. These types of water heaters are recommended in sunny locations. They're easy to maintain and operate quietly. Once the solar water heater is up and running, they don't have any energy costs since they run on the sun's power. This will pay for the repairs and maintenance over time.

Dual paned windows are made from two panes of glass separated by a spacer that holds trapped gas, such as argon or krypton. They are considered an energy efficient window type. Double-paned windows are some of the best replacement energy efficient windows available. The average cost for standard sized, double hung, replacement vinyl double pane windows is \$600 to \$1100 per window. Installation cost will depend on local labor rates (usually \$70 per hour), window brand choice, type of window, and window framing materials.

Underfloor heating heats a room evenly from the floor up without overheating, saving up to 15% on the average annual heating bill. Underfloor heating turns the entire floor surface into a radiant heater creating a comfortable overall room temperature. To fully benefit from the energy efficiency achieved with an underfloor heating system, it is important that insulation has been thought of. Energy efficient heating systems are best achieved when sufficient levels of insulation are in place so as with any system, good insulation means efficient running costs. Electric-based radiant floor heating runs between \$15 to \$30 per square foot. Both range in cost from \$1 to \$5 a day to run.

Insulation filling a wall cavity costs \$2 to \$4 per square foot on average. The national average cost for insulating a home is \$7,000 to \$14,000, with most people paying around \$10,500 for a mixture of batts and blown-in insulation

New roof between the hot summer sun and the cold temperatures in the winter, Safe Harbor's roof takes the brunt of seasonal weather changes. It's time to replace the roof because it is nearly 20 years old, we have noticed some shingles that are missing, cracking or curled and the solar panels need a stable foundation. \$35,000

Solar panels The state average cost to install solar panels before tax credits is \$29,460 to \$39,260, with most homeowners paying around \$26,860 to install a 6 kW system using monocrystalline panels on the roofs of their homes. This project's low cost is \$12,880 to install a 2 kW system using polycrystalline panels installed on a roof. The high cost is \$65,000 for a 8 kW system with a full battery backup using monocrystalline panels installed in an array.

Weatherstripping/sealing Air loss in the home is one of the biggest contributors to energy waste and higher utility bills. Sealing these leaks properly can prevent further loss and improve the efficiency and lifespan of any HVAC system. Air leaks in the walls or windows and doors of a home can create moisture problems and make it difficult to maintain a comfortable temperature.

Weatherstripping	\$1.75 per linear foot	\$1,000
Caulk	\$6.50 per linear foot	\$1,200
Metal flashing	\$40 per linear foot	\$1,000
Spray foam insulation	\$2.50 per board foot	\$6,750
Total Cost		\$9,950

Duct repair/sealing The importance of HVAC duct sealing can't be overstated. Having your HVAC duct-work tested and properly sealed is one of the home improvements with the highest payback. Duct sealing can lower your heating and cooling costs by 15%, 20% or more. Replacing ductwork costs \$25 to \$50 per linear foot. This includes the price to remove the existing materials and install new. If you must cut into the floor or ceiling to reach it, add an extra \$550 to \$1,750 to the total. Aging ductwork needs attention just the same as any other home system. With good maintenance and periodic cleaning, they can last up to 25 years. They lose efficiency over time, as much as 40 percent. The materials can also rust or crack.

Electrical panel upgrades or replacement YCCC needs to be confident that our older facilities are safe and the electrical systems are reliable and up to code. Our breakers trip repeatedly which may indicate problems with the electrical panel, faulty wiring, or a bad breaker. We have looked at all simple fixes and it is likely time for an electrical panel replacement. Ensuring our facilities are compliant with electrical codes ensures client's safety.

Haven House, Be House and the Farmhouse are more than 20 years old. Older homes were built with older appliances and power needs in mind. An electrical panel upgrade will increase service from 100/150 amps to industry standard 200 amp service if need be. While having an older home may not necessitate an electrical panel upgrade if you have improved your current device it will ensure our electrical system is up to code for the new solar, water heater, etc. installation occurring at the sites.

Water Piping Upgrades This would upgrade all outdated water meters with new, automated models. The replacement of old pipes can have tremendous efficiency and safety benefits. Older

homes often have galvanized or lead piping. Even if you can't see those sections of pipe, that doesn't mean they don't exist. The galvanized pipes develop blockages from built-up minerals and corrosion, while lead piping is toxic and can affect health. Both of these types of old piping can be replaced during a water service upgrade.

YCCC is required to replace the privately-owned section of piping, and this can be a costly exercise if you do it as a stand-alone project. The most important efficiency improvement is repairs to water leaks.

Approximate Utility Rebates: \$ 4,400.00

Motion sensor indoor lights Motion sensors are one of the most common energy-efficient improvement trends. They can help save on energy costs by turning off the light when clients are not in a room, so that you don't have to remember to turn off lights. If you leave a room longer than 15 minutes, turning off the lights will help you save money. To maximize the savings provided by these sensors, it's best placing them in medium- or low-traffic rooms. \$22/fixture plus installation

Outdoor solar lights 400W solar streetlight can provide 7500k daylight white as it equipped with 864pcs high quality LED beads and 3.2v-40Ah battery (life up to 50,000 hours). IP67 waterproof grade make it works well even in bad weather all year round. Die-cast aluminum frame and high efficiency solar panels makes it good heat dissipation, durable and lighting performance. Dusk to dawn solar lights outdoor have three methods control : 1. Light control: Automatically turn on at dusk and turn off at dawn . 2.Motion sensor: Automatically turn to 100% brightness mode when motion is detected. It reverts back to 30% energy saving mode again if people out of the detected area (up to 26ft with 120° detection angle). 3.Remote control switch, timing, adjust the brightness. This led solar flood lights built in bigger solar panel 40W (35\*14 in) and new energy vehicles power battery (3.2v/40Ah) which are faster charging efficiency and more light span, safety, and stability. Working time is up to 16~18 hours after fully charging, about 48 hours in dim mode. This outdoor solar security lights comes with assembly accessories set. Mount on the wall, pole, tree, balcony, anywhere outdoor. No wiring required, no maintenance. Ideal for street and driveway, courtyard, parks, squares, private gardens, courtyard, etc. More than 50,000 hours long lifespan. \$180/light + installation

EV charging station Haven House has a Leaf vehicle which we currently have to park down the street to charge. An at-home EV charging station will allow them to charge the electric car at Haven House. The installation to mount a station and run 50-amp dedicated wiring, it will cost between \$1,500 and \$4,500 to mount a new station, install a new service panel, do wiring, and equip it with a 240-volt outlet. The same goes for if there is a need for extensive wiring or if trenching and running conduit around the home are necessary. A 200-amp panel upgrade costs between \$1,800 and \$2,500. Wiring, on the other hand, costs up to \$8 per foot, and trenching is \$4 to \$12 per foot.

### **Budget**

Dual paned, energy efficient windows	\$38,000
Solar tankless water heaters	\$40,000
Underfloor heating	\$59,000
Insulation	\$42,500
New roof (Safe Harbor)	\$35,000
Solar Panels and battery	\$260,000

Weatherstripping/sealing (x3 buildings)	\$29,850
Duct repair/sealing	\$20,000
Electrical panel upgrades or replacement, water piping upgrades or replacement, and structural building modifications or supports (x3 buildings) (estimate obtained from Brower Mechanical)	\$150,121
Removal of almond husks in attics/damaged Materials (x3 buildings)	\$20,000
Motion sensor lights indoors (x3)	\$4,200 (installation included)
Motion sensor lights outdoors (x3)	\$6,480 (installation included)
EV charging station (Haven House)	<u>\$6,500</u>
Subtotal	<u>\$711,651</u>
Contingencies (20%)	<u>\$142,330</u>
<b>Total</b>	<b><u>\$853,981</u></b>



# COUNTY OF YOLO

## Health and Human Services Agency

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### ***MENTAL HEALTH SERVICES ACT (MHSA): Additional Community Feedback***

#### ***Annual Update FY 2022-2023***

Additional Community Feedback may be submitted to MHSA for the Annual Update process. Please submit this information to [mhsa@yolocounty.org](mailto:mhsa@yolocounty.org) by Friday April 15, 2022. MHSA Annual Updates are published every year and available at [www.yolocounty.org/mhsa](http://www.yolocounty.org/mhsa).

**Project Title:** Community Outreach and Engagement Campaign

#### **What is the identified issue or gap in service?**

Recognizing the concern of Board and Care's closing throughout the State, HHSA contracted with Resource Development Associates (RDA) to conduct a Board and Care study for Yolo County specifically. This study was finalized in April 2019 and had several key findings and recommendations. Some of these findings and recommendations included: the need to develop a full continuum of care that allows for step-down housing and reserves the higher levels for consumers who need them; support existing Board and Care homes while looking to new innovative models to meet the growing need for adult residential care systems; assessing community housing needs semi-regularly; and the need for 35-50 local step-down options for Yolo County clients. Since that study, HHSA has collected data multiple times on the need and found that the estimate largely remains the same as recently as December 2021 which indicated that 20 individuals were awaiting step-down from higher levels of care and 39 individuals placed in Board and Cares outside of Yolo County that could return to Yolo if adequate Board and Care options were available in Yolo.

Additionally, in 2019 HHSA, CAO, Public Defender, Probation, District Attorney, and Yolo County Housing staff collaborated on two State grant applications to bring housing and substance use treatment facilities to Yolo County to expand the continuum of options for the homeless or at risk of homelessness population involved in the criminal justice system. The first application was to purchase and renovate two properties for individuals being served in diversionary programs that had wraparound supports and needed interim housing while permanent housing was secured. The second application was to purchase and renovate one property to add 8-12 residential substance use treatment beds, including 2 detoxification beds, given the lack of local resources for these needs. According to the 2019 Point in Time Count (PIT) it was noted that approximately 14% of those surveyed (93 individuals) identified as having co-occurring mental health and substance use needs, with 60 of those 93 being unsheltered, and that 47% of those surveyed (309) had a criminal conviction, with 208 of the 309 being unsheltered. This is data that supported the need for the application to bring on two additional houses to serve the criminal justice involved with co-occurring

needs. In addition to the PIT data, for the second application it was noted that in FY2018/2019 the average wait time for residential treatment placement once referred was 39 days, with those being incarcerated waiting approximately 40% longer for placement into a program. It was based on this need that partners pursued the second application.

Since that time, all departments have worked diligently to try and bring these projects to fruition. Unfortunately, there have been many obstacles along the way, one of which being significant community feedback in opposition of these new locations when a property was found suitable for the grant needs. The Board of supervisors asked staff for a community engagement workplan around these efforts to better inform the public of the needs, the potential programs, and hear concerns with the hope that creating a countywide ongoing effort would lead to easier approval and support in the future. Ultimately, because of these barriers including the community opposition, HHSA had to return their \$1.6M grant to the State due to running out of time in the grant period after trying to work on 12 different properties. Probation previously had 2 homes identified for their grant and both were opposed. While they are still searching, the need for these and other housing and program opportunities like these have only grown. To be successfully moving forward on siting new Board and Cares, interim and permanent housing options, and treatment programs, we need a more robust outreach and engagement campaign focused on this effort.

**What is the recommended solution, or concept?** The recommended solution for this would be to release an RFP to find a vendor that could support a robust community outreach and engagement campaign throughout the entire County. This effort would have the objectives and goals of facilitating community town halls, sharing data on the needs of Yolo County residents currently being unmet or met elsewhere, reducing stigma in the community associated with these housing and program opportunities, making recommendations to address barriers and concerns community members bring to light, outreach materials, working with County staff to facilitate a communication strategy, implementing the various components of the County's draft Community Engagement Strategies document.

**Budget (if applicable)?** Approximately \$300,000 in the current 3-year MHSA plan. Potential future funding could be considered in the next 3-year plan to sustain and build out this effort.

**Contact information, organization (if applicable), and the population you are representing or advocating for (children, transition age youth, adults, older adults)?**

Ian Evans, [Ian.Evans@yolocounty.org](mailto:Ian.Evans@yolocounty.org)

Target population is TAY, Adults, and Older Adults.



# COUNTY OF YOLO

## Health and Human Services Agency

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### ***MENTAL HEALTH SERVICES ACT (MHSA): Additional Community Feedback***

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**Project Title:** Pine Tree Gardens Transition Support Position

**What is the identified issue or gap in service?** Several partners have been meeting for approximately 3 years to look at fiscal and programmatic sustainability of both Pine Tree Gardens homes in Davis. While HHSA dedicated one-million in MHSA funding for the purchase, renovation, and repairs of East House, and has committed \$876,000 annually to North Valley Behavioral Health LLC to provide operational supports at both properties two additional gaps arose in addition to these supports being in place. Clients and family members identified a need for more activities and engagement opportunities for the clients, and through comprehensive assessments with each client conducted by HHSA and input from family members a need for transition support for clients that are not being served by an FSP team was identified.

North Valley Behavioral Health has addressed the first need by bringing on a staff that will serve as an activities coordinator. This position will work with NVBH and clients to identify activities that support daily living but also fun and engaging opportunities for clients to be part of the community, have outings, and work towards skill development. This was something NVBH could absorb with the funding in their current operational contract.

The other need identified was more robust engagement and support for new clients entering Pine Tree Gardens, and for those who are ready to leave Pine Tree Gardens for a different housing/living situation. Moving to a new environment with multiple other clients can be unsettling for some, and at the other end of the journey, once clients are ready to move on from PTG it can take a lot of work to complete housing applications, tour new properties, complete move-in ready documentation and existing supports through NVBH and/or family and friends is not enough to support these needs. NVBH does not have funding in their current contract to absorb this need and therefore this proposal aims to fill that gap.



**What is the recommended solution, or concept?** The recommended solution would be to add a case manager type position that would support clients at both Pine Tree Gardens East and West House during their intake/admission to the program and for those ready to transition to their next housing/living situation. This support would be for non-FSP clients at both PTG homes as the supports provided by this position already occur for FSP clients through their treatment team. The new position would provide support as folks move into PTG, completing intake paperwork, meeting with the client regularly in the first few weeks of being new to PTG to help ensure they are settling in, being supported, any needs identified are being addressed and coordinated and over time as the client settled in would meet less and less frequently until this support was not needed any longer. Additionally, for those ready to move on from PTG there is a lot of time and effort that is needed to conduct housing searches, complete applications, schedule tours, ensure all move-in ready documentation is in order (ID, Birth Certificate, etc), help clients with background checks, and ensure a smooth transition into their new home. It is anticipated that this position would meet with the client at least a few times after moving into their new home to help ensure ongoing stability. This concept has been discussed with HHSA, NVBH, and several members of the Save PTG group. Final job duties and structure would be worked out by HHSA and NVBH staff and presented to the Save PTG group if approved so all have a clear understanding of expectations for this new position.

**Budget (if applicable)?** Approximately \$68,000 in year 1, anticipated COLA increase each year. There may be a need for a vehicle purchase to help support the transportation and move-in needs of these individuals. NVBH and HHSA would determine if this can be absorbed into their existing contract or if future funding would be needed.

**Contact information, organization (if applicable), and the population you are representing or advocating for (children, transition age youth, adults, older adults)?** Ian Evans, [Ian.Evans@yolocounty.org](mailto:Ian.Evans@yolocounty.org) and Arne Hyson, [ahyson@nvbh.com](mailto:ahyson@nvbh.com)

Target population is primarily Adults and Older Adults but can be TAY as well.

Status Options:

<b>Funding Area/Branch: CSS Adult &amp; Aging</b>		★FSP	★Non-FSP		
<b>Program Name:</b>	<b>Co-Occurring Disorder Assessment and Intake - AB2265</b>				
<b>Status:</b>	★New 22/23				
<b>Target Population:</b>	Children 0-5	★Transitional Age Youth Ages 16-25	★Adult Ages 26- 59	★Older Adult 60+	
<b>Program Description</b>					
<p>MHSA funds will be used to cover initial HHSA clinical assessments completed by HHSA Access Team staff to determine if an individual has any co-occurring mental health and substance use disorders. This program will also cover subsequent referral activities as well fund ongoing mental health treatment to persons assessed as having co-occurring disorders, as long as their mental health disorder is considered primary, even if the individual’s care was not previously eligible for services covered by traditional MHSA funding. If it is determined that a substance use disorder is the primary diagnosis, the individual will be referred to substance use treatment and MHSA funding can no longer pay for any mental health services.</p> <p>Assembly Bill 2265 authorizes the assessment and treatment services for adults, older adults, Transition Age Youth (TAY), and children, as well as the provision of innovative programs and prevention and early intervention programs that are provided by counties as part of the MHSA. Any mental health services provided by HHSA’s Access team, as well any ongoing substance use disorder case management services provided by HHSA’s internal SUD staff, will be funded by MHSA via use of AB2265 billing codes.</p> <p>Yolo County has additionally arranged for CommuniCare Health Centers to provide in-person screening for co-occurring disorders during initial clinical assessments through the Navigation Center; referring those assessed as having co-occurring disorders to the appropriate treatment provider(s). This team will also be funded with MHSA, via AB2265 billing codes.</p>					
<b>Goal 1</b>	To increase the number of assessments completed for co-occurring disorders.				
<b>Goal 2</b>	To increase the number of referrals to appropriate providers for the treatment of individuals with co-occurring disorders diagnoses.				
<b>Objective 1</b>	To provide assessments that address the presence of a co-occurring disorder to any client who requests County services.				
<b>Objective 2</b>	To provide appropriate treatment, focused on the needs of individuals with co-occurring disorders.				
<b>22/23 Budget</b>	<b>\$525,650</b>	<b>Number to be served 22/23</b>		<b>Cost per person</b>	

Status Options: (Started, Pending, Cancelled, **New 22/23**, COVID Delayed)

<b>Funding Area/Branch: CHB</b>		<input type="checkbox"/> FSP	<input checked="" type="checkbox"/> Non-FSP		
<b>Program Name:</b>	<b>Mental Health American Rescue Plan Match Funds</b>				
<b>Status:</b>	<input checked="" type="checkbox"/> New 22/23				
<b>Target Population:</b>	<input checked="" type="checkbox"/> Children 0-5	<input checked="" type="checkbox"/> Transitional Age Youth Ages 16-25	<input checked="" type="checkbox"/> Adult Ages 26- 59	<input checked="" type="checkbox"/> Older Adult 60+	
<b>Program Description</b>					
<p>MHSA funding to match the \$500,000 in local American Rescue Plan (ARP) funds allocated for Mental Health services in the following categories:</p> <p><b>Outreach &amp; Engagement to Improve Mental Health and Well-being (20% allocation; MHSA Match \$100,000)</b> Fund the proposed Art and Mental Health project and Interactive Healing Arts project as a combined arts collaborative.</p> <ul style="list-style-type: none"> <li>• Art and Mental Health (MHSA Match \$65,000)- This project is intended to be time-limited as a direct response to the immediate and anticipated mental health impacts of the COVID-19 pandemic with the hope that a county wide proposal for mental health and art will be the product.</li> <li>• Interactive Healing Arts Project (MHSA Match \$35,000)- The Interactive Healing Arts Project gives a voice, points to and shares resources to help alleviate the toll on our collective mental health, and thus potentially contributes to our health and economic recovery as a community.</li> </ul> <p><b>Mini Grant- Education and Training (45% allocation; MHSA Match \$225,000)</b> Fund a mini grant program where Community Based Organizations (CBOs) apply to provide support to disproportionately impacted communities. Applicants can also apply for funding to provide trainings for staff, peer workforce or the community.</p> <p><b>Mini-Grant-Direct Services (35%; MHSA Match \$175,000)</b> Fund a mini grant program where Community Based Organizations (CBOs) apply to provide support or programming from individuals with lived experiences.</p>					
<b>Goal 1</b>	To improve health outcomes for the community				
<b>Goal 2</b>					
<b>Objective 1</b>	Provide tools and resources for mental health improvement and wellness				
<b>Objective 2</b>	Reduce stigma associated with seeking help and link residents to appropriate mental health services throughout Yolo County.				
<b>22/23 Budget</b>	<b>\$500,000</b>	<b>Number to be served 22/23</b>		<b>Cost per person</b>	

Yolo County Health & Human Services Agency

Mental Health Director's Report

May 23<sup>rd</sup>, 2022 (6-8pm)

a) **COVID19 update** - For more information please visit our Dashboard on our County Webpage, here is the [LINK](#).

b) **ARP Rescue Plan Workgroups** –

- **Mental Health:** The draft MHSA annual update spend plan reflects a recommendation to provide matching funds to maximize the reach and therefore the impact of the ARP funding set aside to impact mental health needs in our community.
- **Food Security:** Three projects (Center for Land Based Learning, Meals on Wheels, and YHHA) have entered the contract phase with a fourth project (Yolo Food Bank) going back to the Board of Supervisors. The workgroup plans on recommending to the Board that they re-open a second round of funding for additional requests in June. Thus far, the food security workgroup has earmarked approximately \$1.7 million for approved projects and would like to re-open the application process again or the remaining \$1.3 million.
- **Children, Youth and Families:** Several childcare projects are moving into the contract phase (First 5 Yolo- Childcare Recovery project, YCOE- Caregiver Connections, Esparto Unified School District Infant/Toddler Care project, and YCOE Infant Care project). Additionally, the countywide needs assessment (“Roadmap to the Future”) is getting ready to launch and will be led by the Yolo County Office of Education.
- **Homelessness:** The City of Davis submitted their ARP funding request to the County and met with County staff earlier this month to discuss. The Housing & Homelessness Workgroup will be meeting on 5/23 to review any outstanding proposals and make recommendations ahead of the Board of Supervisors meeting on 6/7.

c) **Cal AIM-**

HHSA and Partnership Health Plan are working together to schedule a series of upcoming informational and input sessions focused on Enhanced Care Management (ECM) and Community Supports (CS).

- Provider Stakeholder Workgroup meetings focused on discussing CalAIM overall to give our network of community providers additional opportunities to engage with Partnership
- Internal HHSA/Partnership meetings to focus on a few key ECM programs HHSA is considering
- Targeted ECM or CS meetings with providers and Partnership, the first of which is anticipated to focus on Recuperative/Respite Care

Internally, HHSA convened a CalAIM BH workgroup focusing on the implementation of the nine milestones requires by DHCS for Medi-Cal reform. From Sept 30, 2022 through Sept 29, 2023, there are many deliverables the County must submit to DHCS to provide evidence of CalAIM reform implementation and secure additional funding. Various sub-workgroups are now in place to specifically addresses the necessary changes within our service billing, state claiming, documenting, and tracking systems necessary to support CalAIM reforms.

d) **Peer Certification –**

CalMHSA is spearheading DHCS' initiative to provide the Medi-Cal Peer Support Specialist Certification program to interested counties. Yolo has been allotted 11 scholarships for *current* County and provider Peer staff (9 for MH peers and 2 for SUD peers) for the initial training due to start after July 1, 2022. Eleven (11) more scholarships will be available for new peer staff starting in FY22/23. NOTE: County allotment is based on county size. Based on peer staff interest in getting certified, we submitted the list of current peers to CalMHSA so that each peer can now apply directly to CalMHSA for a scholarship to cover the cost of all training and securing the certificate. Once CalMHSA approves Certification program vendors, any peer (with or without a scholarship) can sign up for the program. We expect to see program enrollments start in early FY22/23.

e) **K-12 Services-**

The K-12 School Partnerships project formally launched on November 15, 2021 with the execution of behavioral health contracts to serve the identified catchment areas:

- Davis Catchment Area: CommuniCare Health Care Centers
- West Sacramento Catchment Area: Victor Community Support Services
- Woodland Catchment Area: CommuniCare Health Centers
- Rural Areas: Rural Innovations in Social Economic, Inc.

HSSA continues to work closely with the Office of Education, the individual Districts and the contracted providers to develop and improve processes to improve access to services for students in the districts. The partnered entities continue to explore funding opportunities. Additional MHSA funding, of \$1.9 million, was approved to be added to the K-12 School Partnerships contracts to expand services in each catchment area. Additionally, a third round of MHSSA funding was announced and Yolo County intends to apply for a minimum of \$727,000 of additional grant funding, which will extend the project through 2026.

On May 12, 2022, HSSA staff had the opportunity to present on our K-12 School Partnerships project at the Building a Resilient Yolo annual conference, held in Woodland. The K-12 session was well attended, and the project was well-received by attendees. Feedback in the conference session confirmed the ongoing and growing need for expanded access to mental health services on school campuses.

On May 13, 2022 Supervisor Angel Barajas (Yolo County, District 5) visited two school sites in the Woodland Catchment area and one school site in the Rural Catchment area. HSSA, the Yolo County Office of Education, the individual districts and the contracted providers presented the K-12 School Partnership to Supervisor Barajas, highlighting the variety of services as well as the tailoring of programming to each district based on their regional committee's input and unique needs of the student populations. An article highlighting this visit can be found [here](#).

f) **Upcoming RFPs-**Please see linked page for information on upcoming RFPs. [LINK](#)

g) **Public Media Campaign(s)-**

**Mental wellness campaign-** HSSA continues to work with EMRL to implement the county-wide campaign "It Only Takes". As previously shared, It Only Takes focuses on lifestyle changes that can encourage personal resilience in times of high stress, including prioritizing a good night's sleep, spending time with loved ones, practicing resiliency skills, breaking old habits, asking for

help, and maintaining a healthy diet. The campaign includes billboards, banners, a website/landing page, outreach materials including flashcards and coloring books for Yolo County schools, a TV commercial, and a social media campaign. The coloring/activity books “Everybody Feels” are being printed in English and Spanish and will be distributed to TK-2<sup>nd</sup> grade students throughout Yolo County. The television spot is being filmed now and will be released soon. This project will sunset June 2022.

**Overdose Awareness/Prevention-** HHSa, CommuniCare, and the DA’s office continue working on their respective pieces of this campaign. The efforts are mostly still in the planning and development stage, but all partners anticipate having a contractor secured shortly to start implementing some of the media campaign ideas. Other upcoming efforts will be distribution of fentanyl testing strips, Narcan, information sessions, and ideally some public awareness events in the early Fall.

h) **Crisis Now –**

HHSa staff continue working with other County departments and leadership on the release of the RFP for the high-tech call center and receiving/sobering/stabilization center. Additionally, multiple staff are working on site needs, including securing an architect/engineer to provide mockups of the anticipated space, gather estimated costs associated with necessary remodels, and hope to bring this to the Board of Supervisors sometime in June or early July. HHSa leadership spent much of their Strategic Planning session on May 17<sup>th</sup> focused on project management categories and needs for Crisis Now. We are still targeting a launch of the full Crisis Now program in early 2023.

i) **Department of State Hospital Programs-**

The Jail Based Competency Treatment Program (JBCT) continues to move forward with finalizing contracts and WellPath working on hiring key staff. County teams were provided an update on May 17<sup>th</sup> and additional context around this can be shared in the LMHB meeting, should there be interest in further discussion.

Yolo County teams (District Attorney, Public Defender, HHSa, and Probation) continue to partner with DSH on felony incompetent to stand trial (IST) diversion programs. The existing grant funded diversion programs has served 8 individuals to date, with 1 graduation, and is anticipated to expand in the future thanks to additional funding from DSH for staffing and housing related costs. The Yolo County teams continue to meet to determine the best way to utilize this additional funding and are keeping an eye on the Governor’s May Revise Budget to see if additional and/or permanent funding for this program will be made available.

Lastly, while it does not bring any more funding to Yolo County, teams are also partnering with DSH on an MOU that would allow Yolo County F-IST clients to be placed in a locked IMD to receive mental health and competency treatment for those appropriate to go into this setting. Once JBCT officially launches and this MOU is finalized, this will allow 4 competency restoration/treatment options for Yolo County F-IST clients based on their needs and appropriate level of care. Some clients would still be deemed appropriate for competency restoration at a DSH hospital, others would be served through JBCT, others would be served at the IMD facility and then transitioned to the HHSa diversion team when appropriate, and some can be served directly by the HHSa diversion team from custody.

j) **QM Audits/Reviews-**

On June 29 and 30, 2022, we will have our annual DMC-ODS and SABG audit. Additionally, our annual MH EQRO final report for this FY was issued by BHC on April 27, 2022. This report provided the following recommendations for the next year:

- Investigate and identify reasons for the low service penetration rates of the Latino/Hispanic population as well as for the Asian/Pacific Islander population. Implement interventions to address obstacles to service access.
- Provide contract providers full access to the Avatar system, electronic health record, and service entry modules.
- Continue the Medicare billing workgroup and proceed with implementing a Medicare billing process for all appropriate services.
- Develop and implement two active Performance Improvement Projects, one clinical and one non-clinical. Access technical assistance from the EQRO for development and improvement.
- Continue to refine and operationalize optimal data collection approaches including the provision of ongoing staff training and the implementation of quality and reliability measures.
- Develop and implement a mechanism to collect and access aggregated data for reporting and trending.
- Develop a mechanism and begin tracking or trending psychotropic medication monitoring for youth as per Senate Bill 1291 requirements.

k) **Safe Harbor-**

HHSA staff met with Safe Harbor leadership on Monday May 16<sup>th</sup> to continue discussing the needs of Yolo County clients, process improvement areas, and partnership opportunities. Staff from both agencies will be meeting regularly moving forward to continue the progress being made through these discussions.

l) **May is Mental Health Month Resolution –**

The County Board of Supervisors will be presenting a resolution for Mental Health Awareness Month at the May 24<sup>th</sup> BOS meeting. This year's resolution is a recognition of Yolo County officially accepting the nomination from the National Association of Counties, The Council of State Governments Justice Center, and the American Psychiatric Association Foundations to be a Stepping Up Innovator County. This makes Yolo County one of only five counties throughout California to be named an Innovator County and is a recognition of the "remarkable efforts related to Stepping Up: A National Initiative to Reduce the Number of People with Mental Illnesses in Jails."

This work started with recognition from our Board of Supervisors in 2015 when they first passed a resolution to declare Yolo County a Stepping Up County and has continued through the hard work and dedication of so many County departments and provider partners. Yolo County chose to not only focus on those with serious mental illness, but to expand the work to include all individuals involved in the criminal justice system who have a mental health or substance use need. The work has led to a robust Sequential Intercept Map (SIM), attached to this report, that outlines the services and programs available at each Intercept, facilitated the County Criminal Justice Grant Group which

combined has secured nearly ten grants to date to help fill identified gaps and needs in the system, helped create shared language between criminal justice partners and behavioral health partners, and worked to align with the Community Corrections Partnership (CCP) Strategic Plan. An article highlighting the Mental Health Awareness proclamation can be found [here](#).

**m) Substance Use System of Care Event –**

Yolo County is one year into a two-year technical assistance project led by HHSA in partnership with Health Management Associates (HMA) to examine our Adult Substance Use Ecosystem. The kickoff event was in April 2021 where substance use providers, HHSA staff, criminal justice partners, healthcare partners, education partners, community members and housing partners gathered to understand the purpose and scope of the project, look at current practices and processes in the system, and set some countywide goals. Three more sessions have been held, along with some individual coaching and technical assistance from HMA staff to providers directly and on August 12<sup>th</sup> all the providers and partners will be reconvening to do a 1-year check in on progress towards the goals, evaluate changes to the system, receive information on fentanyl awareness, and set the expectations for the remainder of the project. To date, these have all been virtual, but we are hopeful that the August session can be a hybrid in-person/virtual meeting. Any partners or members of the community are welcome to attend and a sign-up link should be available by next month's LMHB meeting.

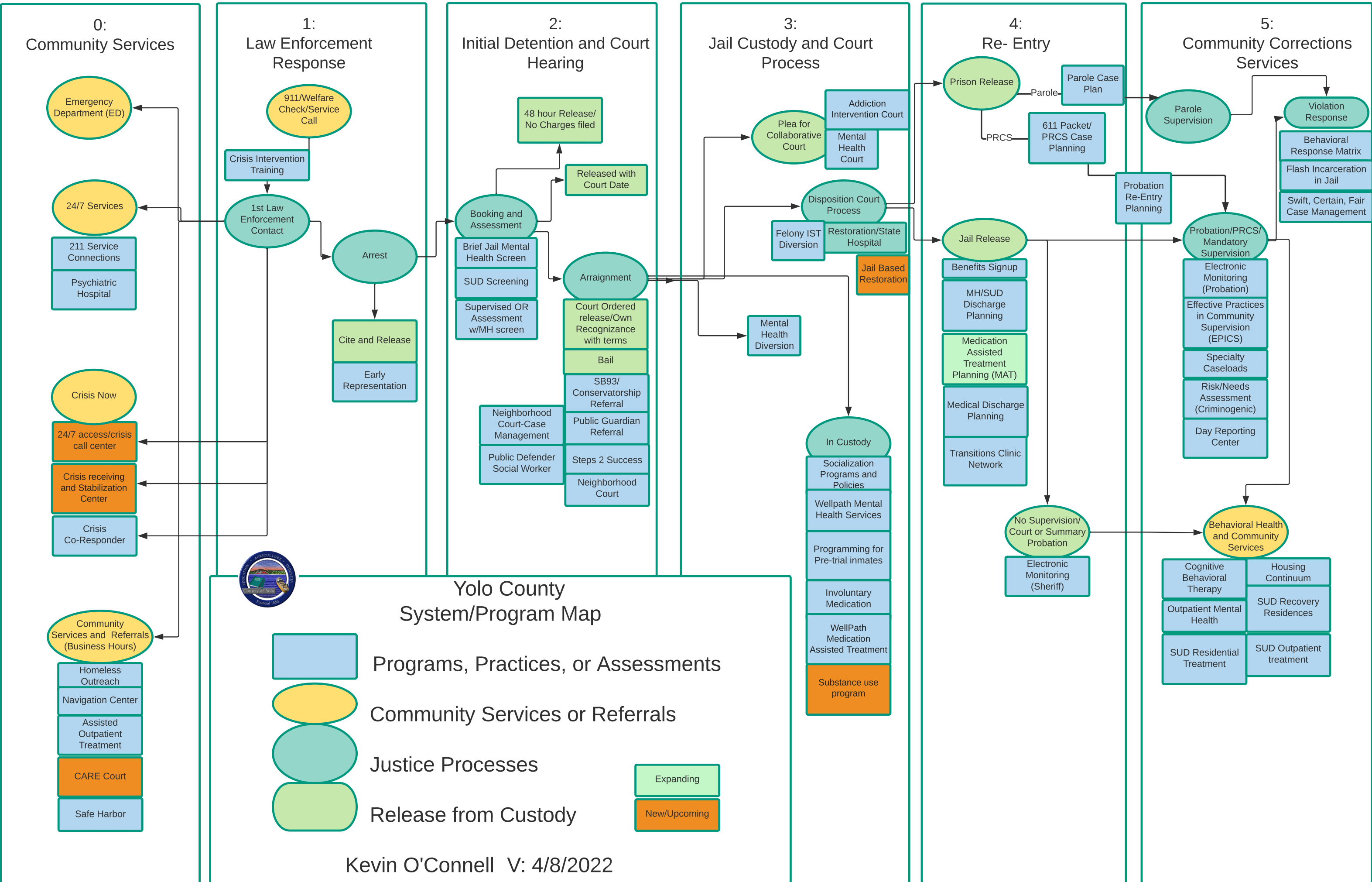
**n) CARE Courts –**

The California Health and Human Services Agency has proposed a new program in California called Community Assistance, Recovery, and Empowerment (CARE) Court. "CARE Court is a proposed framework to deliver mental health and substance use disorder services to the most severely impaired Californians who too often languish – suffering in homelessness and incarceration – without the treatment they desperately need." It is intended to be an upstream diversion program to provide individuals experiencing homelessness with a schizophrenia spectrum or other psychotic disorder diagnosis with an individualized care plan court-ordered in civil court for up to 24 months. There are multiple versions of legislation moving through the process currently on what the final requirements would be with CARE Court, but current language is concerning to stakeholders in a few key areas.

- No current funding is designated in the Governor's May Revise to provide counties with funding to support these programs, even though counties are the identified entity to provide the supports and treatment
- Proposal changes existing pathways to LPS conservatorship laws and regulations by using a CARE Court termination as the basis for a factual presumption that no suitable community alternatives are available to treat the individual
- Proposal includes fines for counties determined to be in noncompliance with court orders
- Persistent noncompliance may result in a state-appointed "receiver" to oversee the county and the court-ordered care at the county's cost
- Includes the requirement to provide this support not only to those with Medi-Cal, but also to anyone identified to meet the target population which could result in a large financial strain on county funding which is already strained

CBHDA, CSAC, Urban and Rural County lobbyists and RCRC are working with various partners to continue providing feedback to the Administration on these concerns.





0: Community Services

- Emergency Department (ED)
- 24/7 Services
- 211 Service Connections
- Psychiatric Hospital
- Crisis Now
- 24/7 access/crisis call center
- Crisis receiving and Stabilization Center
- Crisis Co-Responder
- Community Services and Referrals (Business Hours)
- Homeless Outreach
- Navigation Center
- Assisted Outpatient Treatment
- CARE Court
- Safe Harbor

1: Law Enforcement Response

- 911/Welfare Check/Service Call
- Crisis Intervention Training
- 1st Law Enforcement Contact
- Arrest
- Cite and Release
- Early Representation

2: Initial Detention and Court Hearing

- 48 hour Release/ No Charges filed
- Released with Court Date
- Booking and Assessment
- Brief Jail Mental Health Screen
- SUD Screening
- Supervised OR Assessment w/MH screen
- Arraignment
- Court Ordered release/Own Recognizance with terms
- Bail
- SB93/ Conservatorship Referral
- Public Guardian Referral
- Steps 2 Success
- Neighborhood Court
- Neighborhood Court-Case Management
- Public Defender Social Worker

3: Jail Custody and Court Process

- Plea for Collaborative Court
- Addiction Intervention Court
- Mental Health Court
- Disposition Court Process
- Felony IST Diversion
- Restoration/State Hospital
- Jail Based Restoration
- Mental Health Diversion
- In Custody
- Socialization Programs and Policies
- Wellpath Mental Health Services
- Programming for Pre-trial inmates
- Involuntary Medication
- WellPath Medication Assisted Treatment
- Substance use program

4: Re-Entry

- Prison Release
- Parole Case Plan
- 611 Packet/ PRCS Case Planning
- Probation Re-Entry Planning
- Jail Release
- Benefits Signup
- MH/SUD Discharge Planning
- Medication Assisted Treatment Planning (MAT)
- Medical Discharge Planning
- Transitions Clinic Network
- No Supervision/ Court or Summary Probation
- Electronic Monitoring (Sheriff)

5: Community Corrections Services

- Parole Supervision
- Violation Response
- Behavioral Response Matrix
- Flash Incarceration in Jail
- Swift, Certain, Fair Case Management
- Probation/PRCS/ Mandatory Supervision
- Electronic Monitoring (Probation)
- Effective Practices in Community Supervision (EPICS)
- Specialty Caseloads
- Risk/Needs Assessment (Criminogenic)
- Day Reporting Center
- Behavioral Health and Community Services
- Cognitive Behavioral Therapy
- Housing Continuum
- Outpatient Mental Health
- SUD Recovery Residences
- SUD Residential Treatment
- SUD Outpatient treatment



Yolo County System/Program Map

- Programs, Practices, or Assessments
- Community Services or Referrals
- Justice Processes
- Release from Custody
- Expanding
- New/Upcoming