

**Mental Health Director's Report**  
**April 3<sup>rd</sup>, 2024**

**A) Current Requests for Proposals (RFPs)**

- Children's System of Care- The RFP for the Children's System of Care, which includes children's Full-Service Partnership, Community Based Mental Health Programs, Therapeutic Behavioral Services, and Wraparound programs was released on January 25<sup>th</sup> and closed on February 29<sup>th</sup>. The panel is scoring proposals at this time and intent to award notifications are anticipated to be issued in the next week.
- Therapeutic Foster Care- The RFP for Therapeutic Foster Care will be released in Spring 2024.

**B) Public Guardian Presentation**

The Health and Human Services Agency (HHS) will provide the Yolo County Board of Supervisors with an informational presentation of the Office of the Public Guardian and updates regarding referral, caseload, and staffing data, current challenges, and future needs at the April 9<sup>th</sup> Board meeting. The agenda item and presentation materials will be available once the final agenda is posted on April 4<sup>th</sup>.

**C) Mental Health Services Act (MHSA) Community Engagement and Annual Update Process**

Yolo MHSA is partnering [EVALCORP](#) to provide professional support services inclusive of research, analysis, community planning, facilitation, and technical writing in the development of upcoming MHSA plans (FY 24-25 Annual Update; FY 25-26 Annual Update; FY 26-29 Three Year Plan). EVALCORP has been conducting countywide needs assessments and evaluations of MHSA-funded projects throughout California since 2008.

To inform the annual update process, Yolo County used three approaches to engagement with the community: a community survey, key stakeholder interviews, and five community listening sessions. The community survey was distributed electronically and QR codes and physical copies of surveys were made available at a range of community locations (family resource centers, schools, libraries, etc.). Five (5) key stakeholder interviews were conducted with representatives from the Yolo County Office of Education, Yolo County Housing Authority, Yolo NAMI, the Yolo County Local Mental Health Board, and the Yolo County Mental Health Director.

While EVALCORP is working on a formal summary of the feedback from each of these approaches, a high-level, preliminary overview of themes is provided below. A more detailed summary of each of these themes is also included as an attachment to this report.

Understanding Community Perceptions

1. Community Mental and Emotional Well-being

- Emotional Distress
- Systemic Frustration
- Survival Mode

2. Mental Health (MH) & Substance Use (SU) Misconceptions and Stereotypes

- Cultural Perceptions of Mental Health
- Educational Barriers and Misinformation
- Stigma and Fear of Acknowledgment

Identifying Needs

1. Mental Health and Substance Use Challenges/Issues in the Community

- Challenges in Engaging with Mental Health and Substance Use Treatment

- Family and Community Impact on Mental Health and Substance Use
2. Groups Needing Extra Support
    - Non-English Speakers (Cultural and Linguistic Barriers to Service Access)
    - Vulnerable Populations with Specific Needs
    - Systemic Issues in Continuity of Care

#### Access to Services

1. Accessibility of Support/Barriers
  - Systemic and Bureaucratic Challenges
  - Cultural and Language Disparities
  - Socioeconomic Constraints
  - Logistical Obstacles
  - Lack of Specialized Services and Providers
  - Lack of Effective Outreach and Public Education
2. Cultural Sensitivity in Services
  - Culturally Sensitive Education
  - Multilingual Service Provision
  - Inclusive Provider Representation
  - Reframing Terminology and Perceptions
3. Recommendations for Improved Access
  - Enhanced Educational Outreach
  - Community Outreach and Peer Support
  - Culturally Competent Services
  - Innovative Service Models
  - Integration of Services with Community Institutions
  - Technology and Information Dissemination

#### MHSA Fund Allocation

- Lobbying for Policy Changes
- Enhancing Support for Caregivers and Therapists
- Building Supportive Communities
- Comprehensive Continuum of Care

#### **D) Implementation of the Behavioral Health Transformation (BHT) Due to the Passage of Proposition 1**

Behavioral Health Transformation (BHT) is the effort that will implement the ballot initiative known as Proposition 1. BHT complements and builds on California's other major behavioral health initiatives including, but not limited to, [California Advancing and Innovating Medi-Cal \(CalAIM\) initiative](#), the [California Behavioral Health Community-Based Organization Networks of Equitable Care and Treatment \(BH-CONNECT\) Demonstration proposal](#) the [Children and Youth Behavioral Health Initiative \(CYBHI\)](#), [Medi-Cal Mobile Crisis](#), [988 expansion](#), and the [Behavioral Health Continuum Infrastructure Program \(BHCIP\)](#).

Californians voted to pass Proposition 1 to modernize the behavioral health delivery system, improve accountability and increase transparency, and expand capacity of behavioral health care facilities for California residents. The ballot initiative included allowance of up to \$6.4 billion in bonds to build new supportive housing and community-based treatment settings. The Department of Health Care Services (DHCS) will enact changes resulting from Proposition 1 through the Behavioral Health Transformation (BHT) project. The two legislative bills that created the language in Proposition 1 are:

- Behavioral Health Services Act [SB 326](#)
- Behavioral Health Infrastructure Bond Act [AB 531](#)

Yolo County has been asked to participate in a statewide implementation workgroup and will be coordinating an internal workgroup to begin assessing the impacts to our currently funded programs through the Mental Health Services Act (MHSA) and to crosswalk the extensive new requirements.

## Behavioral Health Transformation (BHT)

*By enacting changes resulting from Prop 1, BHT builds upon ongoing efforts to support vulnerable populations living with the most significant mental health conditions and substance use disorders.*

**At a Glance:**

- 1) Evolves the Mental Health Services Act (MHSA) to the Behavioral Health Services Act (BHSA)
- 2) Includes bonds to increase infrastructure

High-level aims of BHT include, but are not limited to:



**Improving**  
Accountability



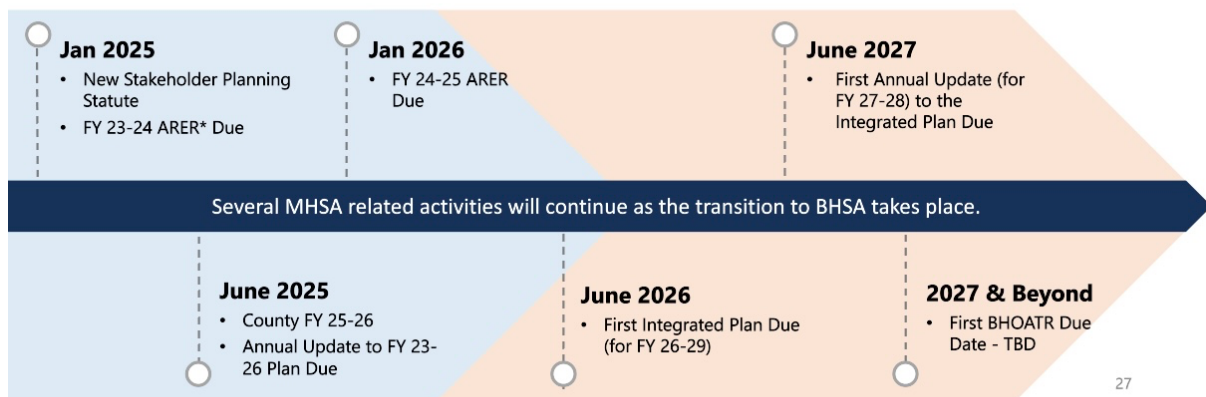
**Increasing**  
Transparency



**Expanding**  
capacity of BH  
facilities

## County Timeline

*This timeline presents key due dates for county reporting requirements established by Prop 1. As BHT continues, additional guidelines will be provided.*




**Legend:** ■ Continuing MHSA activities ■ New BHTA Activities


\*\*ARER: Annual Revenue & Expenditure Report  
BHOATR: Behavioral Health Overview Accountability & Transparency Report

# Available Resources


The [DHCS BHT website](#) has been created to highlight additional information, updates, and resources related to BHT. Below outlines some of the key resources currently available on the BHT website.



A collection of **infographics** illustrate high-level objectives, changes and timelines related to BHT.

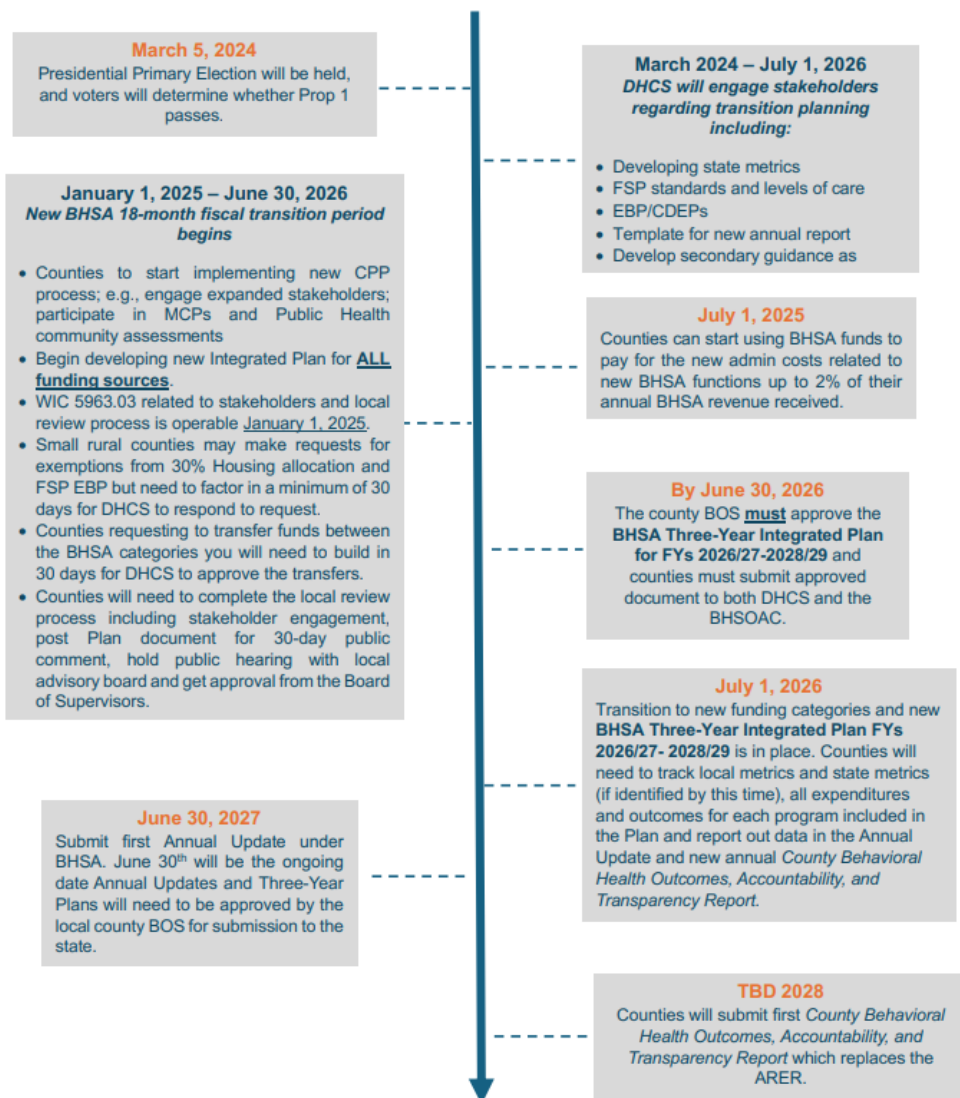


A **fact sheet** provides an overview of BHSA, and additional fact sheets will be created throughout the project.



A running list of public **stakeholder engagement forums and listening session recordings** will be maintained throughout the project.

## SB 326 (Eggman) BHSA Timeline



# YOLO MHSA LISTENING SESSIONS - THEMATIC ANALYSIS

## UNDERSTANDING COMMUNITY PERCEPTIONS

### Community Mental and Emotional Well-being

- *Emotional Distress*

This theme encapsulates the high levels of psychological strain expressed by participants. The frequent use of words such as "anxious," "desperate," and "stressed" indicates a pervasive atmosphere of emotional distress.

- *Systemic Frustration*

Participants' frustration was not only personal but was deeply entwined with systemic issues. It's clear from the data that there's a significant challenge in how systemic structures impact individuals, particularly those in caretaking roles, leading to exhaustion that might not be immediately evident.

- *Survival Mode*

This theme reflects a state of basic existence or 'survival mode' that participants find themselves in, following a financial crisis precipitated by the COVID pandemic. The struggle to fulfill basic needs takes precedence over seeking additional services.

Supporting Quotes:

"Families have to live with other families to meet needs."

"Seeking services isn't the first thing. They need to fulfill basic needs first."

### MH & SU Misconceptions and Stereotypes

- *Cultural Perceptions of Mental Health*

This theme refers to the varying perceptions and misconceptions about mental health within different cultural backgrounds. In some communities, discussing MH is considered a sign of weakness or is associated with a lack of strength, leading to a cultural stigma that prevents open dialogue and acknowledgment of mental health issues. The narrative across different cultural contexts, particularly within Latinx and Asian communities, illustrates a deep-rooted aversion to discussing and acknowledging MH issues.

Supporting Quotes:

"Growing up in a Hispanic community, you don't really believe in mental health."

"In the Japanese community it's shameful to express feelings, you hide it."

"Being that I come from a Hispanic background, we have this idea that we have to be strong."

- *Educational Barriers and Misinformation*

A lack of appropriate education and the presence of misinformation contribute to misconceptions about MH. Language barriers, insufficient information, and entrenched stereotypes, such as MH issues equating to 'craziness' or homelessness being seen merely as a problem rather than a symptom of larger issues, compound the stigma and prevent effective communication and understanding.

"Disinformation is a problem. Whether it's about program elements or about mental health frameworks/perspectives."

"What they mistakenly think is that MH is what you see on the street, people walking on the street flailing their hands."

- *Stigma and Fear of Acknowledgment*

Fear and shame surrounding MH contribute to a reluctance to acknowledge the need for help. Stigma attached to MH issues prevents individuals from seeking help or even having serious discussions about possible solutions, thereby inhibiting proactive approaches to MH and substance use issues.

Supporting Quotes:

"There's a lot of fear and shame that keeps people from accepting help or following through with help."

"People are afraid to have a serious conversation about what we can do to solve the problem."

## **IDENTIFYING NEEDS**

### **Mental Health and Substance Use Challenges/Issues in the Community**

- *Challenges in Engaging with Mental Health and Substance Use Treatment*

Engagement with mental health and substance use treatment is complex, as individuals often exhibit resistance to acknowledging their problems and accepting help. This is compounded by societal stigma, a lack of trust in providers, and a general unwillingness to engage with services, whether due to addiction, mental illness, or the denial of issues.

Supporting Quotes:

"How do you engage people that aren't cooperative?"

"What I see every day is the lack of willingness to engage in services."

"They don't trust anybody."

- *Family and Community Impact on Mental Health and Substance Use*

The impact of mental health and substance use issues is not limited to the individual; it extends to their families and communities. There is a noticeable gap in family involvement in treatment, issues with parental rights, and community challenges like homelessness that intersect with mental health and addiction. Moreover, there is a need for targeted substance use treatment models, especially for youth, which are currently insufficient.

Supporting Quotes:

"Schools are very concerned about children using substances."

"There is a lack of providers that can provide a model of SUD treatment."

"There's no parent component during treatment."

### **Groups Needing Extra Support**

- *Non-English Speakers (Cultural and Linguistic Barriers to Service Access)*

This theme highlights the challenges faced by non-English speaking populations and those from diverse cultural backgrounds, including Latinx communities and undocumented individuals, in accessing mental health services. Language barriers and a lack of culturally sensitive services exacerbate these challenges, necessitating education and resources in native languages and culturally appropriate approaches. Participants pointed out that certain communities, particularly where there is a strong cultural stigma associated with mental health, or language barriers exist, require additional support to comfortably access services.

"Education is needed, preferably in their own language, where it can be broken down for them."

- *Vulnerable Populations with Specific Needs*

Specific groups such as seniors, transgender individuals, low-income families, and those experiencing housing instability have distinct needs that are not adequately met by current service structures. These populations require targeted support services that address not only their mental health needs but also the multifaceted aspects of their circumstances. Participants identified various vulnerable groups that struggle with unique challenges, such as isolation, gender identity, financial hardship, and the transition to adulthood, which necessitate tailored support strategies.

- *Systemic Issues in Continuity of Care*

This theme encompasses the systemic issues contributing to gaps in mental health service provision, such as the lack of follow-up care for those released from incarceration, the unhoused population, college students transitioning from high school, and new parents. The need for continuity of care is crucial to prevent further deterioration of mental health and substance use conditions. Participants expressed concern over systemic gaps that leave individuals without necessary support during critical transition periods, leading to a lack of continuity in care.

Supporting Quotes:

"Kids that are 5150, it's very hard to find hospitals locally."

"Anyone being released from jail."

## **ACCESS TO SERVICES**

### **Accessibility of Support/Barriers**

- *Systemic and Bureaucratic Challenges*

This theme captures the structural and systemic hurdles within health care systems, including insurance complexities, limited-service capacity, and long wait times for appointments, which deter or delay individuals from receiving care. Participants have indicated that navigating the healthcare system is a formidable process, fraught with bureaucratic red tape that is particularly challenging for those unfamiliar with it.

Supporting Quotes:

"People don't know how to fill out paperwork."

- *Cultural and Language Disparities*

This theme refers to the cultural stigmas and language barriers that prevent certain populations from accessing services. These include feelings of shame in discussing mental health in some cultures, the lack of multilingual services, and a general distrust of online resources among newcomers.

- *Socioeconomic Constraints*

Financial hardship and socioeconomic status are significant barriers to accessing mental health and substance use services. The costs associated with care, whether hidden or explicit, can make it unfeasible for those already under financial strain. Participants highlighted the economic challenges faced by individuals seeking mental health services, particularly those in lower socioeconomic brackets, undocumented populations, and those prioritizing basic needs over health care due to financial crises.

Supporting Quotes:

"Financial hardship for housing might be at the top of their list rather than paying for MH services."

"Hidden costs. People with SMI are already strapped financially."

"But we're on survival mode."

- *Logistical Obstacles*

Practical issues such as transportation difficulties and the availability of services pose important barriers as well. For some, physical access to services is a challenge, while for others, there is a lack of awareness or understanding of how to utilize telehealth options.

Supporting Quotes:

"There is a lack of transportation throughout the county."

"Telehealth is an option but what about the seniors that can't get on the internet?"

- *Lack of Specialized Services and Providers*

There is a reported shortage of specialized services and providers, especially for those with developmental issues, specific mental illnesses, or substance use disorders. The scarcity of qualified clinicians and targeted programs, such as those for substance use, exacerbates the difficulties faced by individuals in need of these services.

- *Lack of Effective Outreach and Public Education*

Another recurrent theme is the inadequate outreach and public education on mental health and substance use services. There is a need for better communication and dissemination of information to raise awareness and understanding of available services. Participants indicated that enhancing public education and outreach efforts could bridge the gap between services and those who need them but are unaware of how to access them.

Supporting Quotes:

"There's people that need help and those that can provide, but we need to have better outreach."

"We need more public education on existing resources."

"People want help, they're just not aware."

## **Cultural Sensitivity in Services**

- *Culturally Sensitive Education*



This theme involves creating educational materials and programs in the native languages of the communities being served. It emphasizes the importance of cultural sensitivity and gradual familiarization processes, which respect the pace at which individuals become comfortable discussing mental health.

- *Multilingual Service Provision*

This theme stresses the need for mental health services to be available in multiple languages to address language barriers that can prevent non-English speakers from accessing care.

- *Inclusive Provider Representation*

The theme suggests that having service providers who represent or share the cultural and ethnic backgrounds of the clients they serve could lead to more inclusive and understanding care environments.

- *Reframing Terminology and Perceptions*

The recommendation here is to change the narrative around mental health and substance use by reframing the terminology used. By addressing the root causes (upstream) rather than just the symptoms (downstream), a more holistic and inclusive approach to care can be developed.

"Terminology is extremely needed."

"Our own language drives a narrative that might not be helpful."

- *Outreach to Marginalized Groups*

This theme identifies the importance of proactive outreach efforts targeted at marginalized groups, such as immigrants and those with uncertain immigration statuses, to prevent feelings of alienation and to avoid "dead ends" in service access.

### **Recommendations for Improved Access**

- *Enhanced Educational Outreach*

Developing educational initiatives that effectively communicate the availability and benefit of mental health services to potential consumers, especially before they interact with the criminal justice system. Participants stressed the need for educational programs that can preemptively engage individuals and alter long-standing cultural mentalities towards mental health.

"The most challenging part is the educational component and how you get that out."

"We have to do a better job of educating the public."

- *Community Outreach and Peer Support*

Expanding outreach efforts and establishing peer-led support systems to provide relatable assistance and help overcome barriers of stigma and insight. Participants repeatedly highlighted the effectiveness of peer support and the necessity for better community outreach to bridge the gap between service providers and those in need.

- *Culturally Competent Services*

As previously mentioned, emphasizing the importance of cultural competence in service provision, including having staff from similar backgrounds as the patients to build trust and respect cultural nuances.

Supporting Quotes:

"Being patient in general... Having staff from a similar background will build trust."

- *Innovative Service Models*

Recommending the adoption of innovative models for mental health care, such as therapeutic communities or consistent long-term care teams that provide a holistic and integrative approach to mental health and substance use disorders.

Supporting Quotes:

"What I would like to see is a consistent therapist over a long period of time, consistent medical care."

"In Denmark they have villages for people with MH problems, what if we had something like that?"

- *Integration of Services with Community Institutions*

Integrating mental health services with other community institutions like schools or community-based organizations can help make these services more accessible and less intimidating for those in need.

Supporting Quotes:

"Having services on school grounds/site is important."

"We need to partner with organizations that have experiences with different populations."

- *Technology and Information Dissemination*

There is a necessity for leveraging technology to disseminate information about services more broadly and to create centralized information systems that compile service options.

## **MHSA FUND ALLOCATION**

- *Lobbying for Policy Changes*

This theme encompasses the advocacy efforts aimed at influencing policy decisions, particularly concerning conservatorship laws. It reflects participants' considerations on how to balance individual freedoms with the need for a humane approach to care for those who might not engage voluntarily with services or who make choices that lead to instability.

Supporting Quotes:

"Lobby politicians over conservatorship laws. We see people who are stabilized, and they choose to do something that causes them to derail."

"Resources go to people not engaging in services/not accepting resources."

- *Enhancing Support for Caregivers and Therapists*

This theme identifies the need for bolstered support mechanisms for those who provide direct care and assistance, including caregivers and mental health professionals. It emphasizes the necessity of resources and education to decrease stigma and promote mental health proactively.

Certainly, let's identify another theme based on the fragmented text provided:

- *Building Supportive Communities*

This theme revolves around creating supportive structures within communities, emphasizing the role of schools and local organizations in fostering a supportive environment. It includes the integration of mental

health services in educational settings, outreach to undocumented populations, and the establishment of community resources for families and individuals facing mental health challenges.

Supporting Quotes:

“Establishing community-based support systems, with schools as central nodes for resources and mental health services.”

"We need collaborations with the county, and local non-profits. Specifically, the undocumented population, if funding was provided to those agencies, or even starting partnerships, would help that community."

Based on the fragments available, I can propose one more theme:

- *Comprehensive Continuum of Care*

This theme involves the development of a complete range of services that address the various needs of individuals with mental health issues. It highlights the necessity for a spectrum of resources, from educational programs to residential treatment facilities, and underscores the importance of easy access to and transition between services. Acknowledging the gaps in current services, stakeholders suggest the need for a more comprehensive continuum of care.

Supporting quotes:

“Developing a full spectrum of mental health services that are easily accessible and interconnected.”