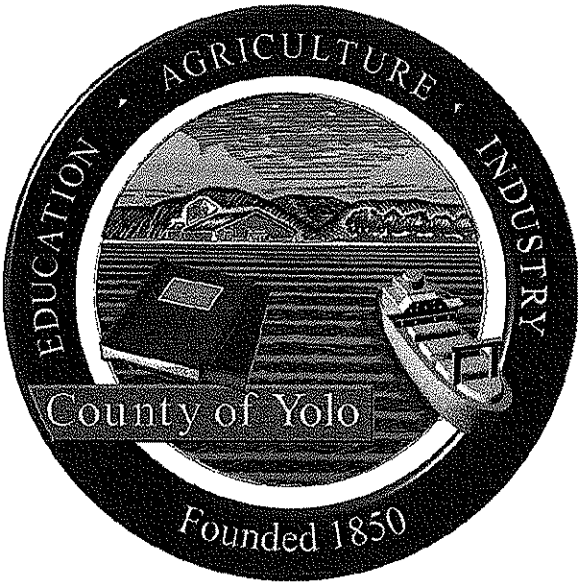

YOLO COUNTY

MENTAL HEALTH SERVICES ACT

Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan

YOLO COUNTY MENTAL HEALTH SERVICES ACT
PREVENTION AND EARLY INTERVENTION COMPONENT
PROGRAM AND EXPENDITURE PLAN

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YOLO COUNTY MENTAL HEALTH SERVICES ACT
PREVENTION AND EARLY INTERVENTION COMPONENT
PROGRAM AND EXPENDITURE PLAN

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II. ATTACHMENTS

1 Yolo County MHSA Planning Stakeholder Data Briefs

2 Yolo County PEI Community Planning Process Narrative Report of Findings

3 Stakeholder Inclusion Grid

4 Notice of 30-Day Public Comment Period and Notice of Public Hearing

5 Proof of Publication of Public Notice

6 30-Day Public Comment Form (sample)

7 Summary and Analysis of Substantive Recommendations for Revisions

8 Board of Supervisors Minute Order Approving MHSA Prevention and Early Intervention component

PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN FACE SHEET

Form No. 1

MENTAL HEALTH SERVICES ACT (MHSA)
PREVENTION AND EARLY INTERVENTION COMPONENT
OF THE THREE-YEAR
PROGRAM AND EXPENDITURE PLAN

Fiscal Years 2007-08 and 2008-09

County Name: YOLO COUNTY	Date: December 17, 2008

COUNTY'S AUTHORIZED REPRESENTATIVE AND CONTACT PERSON(S):)

County Mental Health Director	**Project Lead**
Name: Kim Suderman, Director Telephone Number: (530) 666-8516 Fax Number: (530) 661-6762 E-mail: Kim.Suderman@yolocounty.org	Name: Joan Beesley, MHSA Program Manager Telephone Number: (530) 666-8547 Fax Number: (530) 661-6762 E-mail: Joan.Beesley@yolocounty.org
Mailing Address: 137 N. Cottonwood Street, Suite 1530, Woodland, CA 95695	

AUTHORIZING SIGNATURE

I HEREBY CERTIFY that I am the official responsible for the administration of Community Mental Health Services in and for said County; that the county has complied with all pertinent regulations, laws and statutes. The county has not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements (in all related program budgets and the administration budget) represent costs related to the expansion of mental health services since passage of the MHSA and do not represent supplanting of expenditures; that fiscal year 2007-08, 2008-09 funds required to be incurred on mental health services will be used in providing such services; and that to the best of my knowledge and belief the administration budget and all related program budgets in all respects are true, correct and in accordance with the law. I have considered non-traditional mental health settings in designing the County PEI component and in selecting PEI implementation providers. I agree to conduct a local outcome evaluation for at least one PEI Project, as identified in the County PEI component (optional for "very small counties"), in accordance with state parameters and will fully participate in the State Administered Evaluation.

Signature _____ 12-22-08

County Mental Health Director — Date

Executed at Woodland, California

County: YOLO COUNTY **Date: December 16, 2008**

1) The county shall ensure that the Community Program Planning Process is adequately staffed. Describe which positions and/or units assumed the following responsibilities:

a. The overall Community Program Planning Process

- Kim Suderman, Director of Yolo County Alcohol, Drug and Mental Health Services (October 2008 to present)
- Ed Smith, Interim Director of Yolo County Alcohol, Drug and Mental Health Services (Prior to October 2008)
- Joan Beesley, MHSA Program Manager

b. Coordination and management of Community Program Planning

- Kim Suderman, Director of Yolo County Alcohol, Drug and Mental Health Services (October 2008 to present)
- Ed Smith, Interim Director of Yolo County Alcohol, Drug and Mental Health Services (Prior to October 2008)
- Joan Beesley, MHSA Program Manager
- Consultant: Dr. Will Rhett-Mariscal, CiMH

c. Ensuring that stakeholders have the opportunity to participate in the Community Program Planning

- Joan Beesley, MHSA Program Manager
- Violet Menendez, Yolo County ADMHS
- Anne Ofsink, Yolo County ADMHS*
- Tatyana Solimena, Yolo County ADMHS*
- Consultant: Dr. Will Rhett-Mariscal, CIMH

*Assisted with outreach and cultural community brokerage.

2) Explain how the county ensured that the stakeholder participation process accomplished the following objectives (please provide examples):

a. Included representatives of un-served and/or underserved populations and family members of un-served/underserved populations:

1. The County began by identifying un-served and underserved populations that were identified in the county's Community Services and Supports planning process according to race, ethnicity, language and age.

   The county's identification of un-served and underserved populations in the CSS Plan was based upon historical utilization patterns according to the percentage of racial / ethnic populations "fully served" and "underserved" by age and gender. Individuals receiving twenty-four (24) service contacts were considered by the MHSA CSS Plan "fully served" while those with few service contacts were designated "under-served" or "inappropriately served."

   The county's CSS Plan, Part II, Section II, Questions 1, 2 and 3 revealed:

Children/Youth (0-17 years old) receiving mental health services: 26.8% were considered fully served. This left an estimated 73.2% as underserved. More males were served overall (n=655 or 57%) than females (n=493 or 43%) and, of those considered fully served, 190 (62%) were males compared to 118 females (38%).

- 6.1% children served by mental health were identified as African American, compared to African American children comprising 2.3% of the general population;
- 1.5% children served by mental health were Asian-Pacific Islander, compared to Asian-Pacific Islander children comprising 7.1% of the general population;
- 26% children served by mental health were Latino, compared to Latino children comprising 41.7% of the general population;
- 2.2% children served by mental health were Native American, compared to Native American children comprising 1% of the general population;
- 55.7% of children served by mental health were Caucasian, compared to Caucasian children comprising 44.3% of the general population;
- 0% of the children served by mental health were identified as Russian, with no data being available for their prevalence within the general population; and
- 8.5% of children served by mental health were identified as "other", while their prevalence in the general population was 3.6%.
- **Summary of 308 children and youth considered "fully served":** 7% African American, 1% Asian-Pacific Islander, 25% Latino, 4% Native American, 58% were Caucasian, 0% were Russian and 5% were "other".

Transition-Aged Youth (TAY) (16-25 years old) receiving mental health services: 17.8% were considered fully served, leaving an estimated 82.2% as underserved. More females were served overall (n=364 or 51%) than males (n=353 or 49%) and, of those considered fully served, 61 (47%) were females compared to 67 males (53%).

- 5.3% TAY served by mental health were identified as African American, compared to African American TAY comprising 2.4% of the general population;
- 3.3% TAY served by mental health were Asian-Pacific Islander, compared to Asian-Pacific Islander TAY comprising 20.1% of the general population;
- 17.3% TAY served by mental health were Latino, compared to Latino TAY comprising 27.5% of the general population of Yolo County;
- 2.6% TAY served by mental health were Native American, compared to Native American TAY comprising 0.9% of the general population;
- 60.4% of TAY served by mental health were Caucasian, compared to Caucasian TAY comprising 46.3% of the general population;

- 0.3% of the TAY served by mental health were identified as Russian, with no data being available for their prevalence within the general population; and
- 10.7% of TAY served by mental health were identified as "other", while their prevalence in the general population was 2.9%.
- **Summary of 128 TAY considered "fully served":** 8% African American, 3% Asian-Pacific Islander, 17% Latino, 6% Native American, 56% were Caucasian, < 1% were Russian and 9% were "other".

Adults (18-59 years old) receiving mental health services: 15.3% were considered fully served. This left an estimated 84.7% as underserved. More females were served overall (n=1409 or 59%) than males (n=961 or 41%) and, of those considered fully served, 207 (57%) were females compared to 155 males (43%).

- 5.4% adults served by mental health were identified as African American, compared to African American adults comprising 2.0% of the general population;
- 5.8% adults served by mental health were Asian-Pacific Islander, compared to Asian-Pacific Islander adults comprising 13.2% of the general population;
- 9.2% adults served by mental health were Latino, compared to Latino adults comprising 27.6% of the general population of Yolo County;
- 1.3% adults served by mental health were Native American, compared to Native American adults comprising 1.1% of the general population;
- 67.1% of adults served by mental health were Caucasian, compared to Caucasian adults comprising 54.0% of the general population;
- 1.4% of the adults served by mental health were identified as Russian, with no data being available for their prevalence within the general population; and
- 9.8% of adults served by mental health were identified as "other", while their prevalence in the general population was 2.0%.
- **Summary of 362 adults considered "fully served":** 4% African American, 3% Asian-Pacific Islander, 7% Latino, 3% Native American, 76% were Caucasian, <1% were Russian and 6% were "other".

Older Adults (60+ years old) receiving mental health services: 18.1% were considered fully served. This left an estimated 81.9% as underserved. More females were served overall (n=123 or 63.7%) than males (n=70 or 36.3%) and, of those considered fully served, 24 (68.6%) were females compared to 11 males (31.4%).

- 2.6% older adults served by mental health were identified as African American, compared to African American older adults comprising 1.9% of the general population;

- 7.8% older adults served by mental health were Asian-Pacific Islander, compared to Asian-Pacific Islander older adults comprising 5.8% of the general population;
- 4.7% older adults served by mental health were Latino, compared to Latino older adults comprising 15.9% of the general population of Yolo County;
- 1.0% older adults served by mental health were Native American, compared to Native American older adults comprising 1.0% of the general population;
- 68.9% of older adults served by mental health were Caucasian, compared to Caucasian older adults comprising 74.1% of the general population;
- 4.7% of the older adults served by mental health were identified as Russian, with no data being available for their prevalence within the general population; and
- 10.4% of older adults served by mental health were identified as "other", while their prevalence in the general population was 1.3%.
- **Summary of older adults considered "fully served":**
  0% African American, 0% Asian-Pacific Islander, 5.5% Latino, 0% Native American, 89% were Caucasian, 0% were Russian and 5.5% were "other".

Overall % of individuals considered "fully served"* by age groups:
Children (0-17) 26.8%; TAY (16-25) 17.8%; Adults (18-59) 15.3%; and Older Adults (60 and over) 18.9%.
*For older adults (n=193,) NO African Americans (n=5), API (n=15), Native American (n=2) or Russian (n=9) older adults were "fully served" per the CSS.

Other characteristics of age groups indicated the following challenge to care:

- *Children* may have limited access to services due to service availability, transportation issues, funding and timeliness of appointments.
- *TAY* may lack support to bridge their care in the transition from child to adult services, as well as lack independent living resources (education, housing, employment). There is greater probability that TAY will negatively interface with law enforcement and will avoid outpatient services until psychiatric inpatient services become necessary. TAY who identify as lesbian, gay, bisexual or transgender (LGBT), and their families, are reported as having unique needs.
- *Adults* who are undocumented, uninsured or underinsured, geographically isolated and/or farm workers have access barriers.
- *Older Adults* often experience stigma attached to mental illness, and lack awareness and recognition of mental health symptoms among family members and seniors themselves.

- *Rural and Non-English Speaking Individuals* often experience language barriers: Yolo County Medi-Cal beneficiaries in October 2002 reported their primary language as: 49.3% English, 26.4% Spanish and 24.2% as unspecified or other languages—5% of the "other language" spoke Russian.
- *Additional challenges* include: Potential immigration status, lack of health care insurance, need for flexible care hours to accommodate childcare and agricultural worker schedules, as well as other cultural barriers.

Overall Recommendations of the Yolo County ADMHS MHSA CSS Plan:

- Improve access for Latino and racial/ethnic groups through bilingual/bicultural staff.
- Continue collaborative efforts with Community Based Organizations (CBOs) and the co-location of multiple agency services to increase access.
- Prioritize service delivery to be provided in un-served and underserved communities
- Continue cultural competency training for Yolo County ADMHS staff
- Provide cultural and linguistically appropriate services to Latino community.
- Increase Outreach and Education activities through groups/organizations serving Latinos.

2. Yolo County ADMHS developed additional information about un-served and underserved populations to be included in the PEI planning process. Through consultation with the California Institute for Mental Health (CIMH), the county elicited additional information and community input in a variety of ways and summarized them in the following two documents:

- **Yolo County Data Brief (Attachment 1)**

  Initial consultation included the preparation of a data brief to provide individuals, families, organizations and other representatives participating in the community planning process with information relevant to Yolo County and to guide in the current identification of un-served and underserved populations. This data brief was updated three times (last revised April 28, 2008) during the community planning process to include community and stakeholder feedback. The Data Brief addressed: Demographics; Disparities in Access to Mental Health Services; Psycho-Social Impact of Trauma/Trauma-Exposed Populations; At Risk Children, Youth and Young Adults; Stigma and Discrimination; Suicide Risk; Underserved Cultural Populations; Individuals experiencing Onset of Psychiatric Illness; Youth in Stressed Families; Youth at Risk for School Failure; Youth at Risk of, or experiencing, juvenile justice involvement. The final version of the Data Brief included information provided in the Comprehensive Multiagency Juvenile Justice Plan (CMJJP) provided by Yolo County Probation Department for 2008.

The Data Brief was intended to educate and stimulate conversation, creating a deeper context to understand needs that may not be understood by all stakeholders in attendance. One such example was the common experience of postpartum mothers (according to a 2004 Yolo County Health Department needs assessment) who reported feelings of depression, along with feelings of isolation and hopelessness. These same mothers, in some cases, described depression as a contributor to substance abuse. Another example illuminated the fact that in 2004-2006 Healthy Kid Survey, 33% of Yolo County youth in 7th-11th grade reported "feeling so sad and hopeless almost every day for two weeks or longer that they stopped doing some usual activities."

- **Yolo County PEI Community Planning Process: Narrative Report of Findings (Attachment 2)**

The importance of directly engaging individuals in conversation about needs of the communities they belong to or represented was also a critical part of cultivating additional information about Yolo County. In addition to eleven community stakeholder meetings, consultants conducted key informant interviews (KII), led focus groups and conducted surveys with targeted communities (see below for quantities). In many cases, the use of cultural brokers was instrumental in obtaining information about unrepresented or underrepresented populations such as migrant workers, the Russian community, African American community and LGBT youth. Connections with education, medical providers, mental health providers and community leaders proved fruitful to gain a balanced understanding of community need and to consider how to leverage existing resources. One such positive outcome from the underrepresented groups was the realization of their value and voice, which elicited their strong desire to be invited to "the table" of decision making about their community. Issues and recommendations from the community planning process revealed the following top or key community mental health issues:

- Disparities in Access (Isolation due to poverty, rural areas; Lack of insurance; Lack of transportation; Lack of awareness of services; Lacking services, providers and staff)
- Stigma and Discrimination (within cultural communities [African American, Russian, Latino, LGBT] as well as mental health)
- Psychosocial impact of Trauma (victims of assault, child and elder abuse; domestic violence, refugees)
- Transition-Age Youth (16-25 years) and Infants, children and youth (0-15years) were identified as the primary age groups having community mental health needs.

Yolo County used the following mechanisms to include members of un-served and/or underserved populations in our planning process. Each engagement mechanism included training for community members on the MHSA and Prevention and Early Intervention (PEI) requirements, as well as on the

community engagement process, to ensure people understood the context of outreach efforts.

Key Informant Interviews (KII) – Twenty-eight (28) key informant interviews were conducted, including: Sixteen (16) service providers; two (2) law enforcement / justice representatives; seven (7) education representatives; and three (3) community members (including two (2) target populations (LGBT and Tribal) and one respondent representing a religious entity). Interviews were conducted in person, via telephone or over email to accommodate the needs of respondents. **Focus Groups** – Four (4) focus groups were conducted reaching a total of fifty (50) individuals, with ten (10) to fourteen (14) attendees per group. Focus groups were conducted in community settings (e.g. – in a senior living facility in Davis; senior living facility and church in West Sacramento) to facilitate outreach and engagement of targeted ethnic and cultural communities, as well as consumers and family members (African American adult /elders community; Russian elders; Russian adult support group [AOD]; and NAMI). The Russian focus groups were conducted with assistance of a county mental health worker with a relationship with the Russian community. This worker provided translation. **Target Population Survey** – One survey was conducted in rural Esparto at the farmers' market to outreach to the Latino community and a total of nine (9) respondents participated. The survey tool was translated into Spanish to facilitate participation. **Community Stakeholder Meetings** – A total of eleven community meetings were held which were open to the public and held between 5pm-8pm in county facilities in community room settings. A total of one hundred and four (104) different attendees participated with a cumulative attendance of 293 at stakeholder meetings.

Target Populations reached through Key Informant Interviews, Focus Groups and Surveys yielded input from specific ethnic, racial and cultural communities including: Russian; African American; Asian; tribal; LGBT, individuals experiencing mental illness and family members. Additionally, individuals represented a variety of interests such as service providers, educators, community members, TAY, adults, older adults and faith-based communities. For instance, three of the educators spoke directly to the issues of LGBT youth and yielded information about the multicultural issues of these youth and the ability of schools to provide supportive environments to those youth not supported by families. Education representatives also reflected the issues of migrant workers and families and revealed a cultural awareness of the unique barriers of migrant workers related to their ability to access services.

b. Yolo County provided opportunities to participate for individuals reflecting the diversity of the demographics of the County, including but not limited to, geographic location, age, gender, race/ethnicity and language

The following diversity was identified in the county:

- Geographic diversity- Rural area, as well as four major town/cities: Davis, Woodland, West Sacramento and Winters (Esparto included). Populations of cities are 41,000-60,000, the town of Winters has a population of less than 7, 000. 80% of the county is farmland.
- Race/Ethnicity/Linguistic diversity– African American, Latino, Asian and Pacific Islander, and Russian communities as noted above.
- Socioeconomic diversity – Medi-Cal recipients, uninsured and underinsured, homeless/transient population are present. Per stakeholder, the parody issue was voiced in relation to privately insured may be underserved by their insurance plans as well.
- Educational diversity- K-12 students/children experiencing a range of success or failure in obtaining education within public system, as well as adults who may not have access to higher education opportunities or, conversely, have limited or non-traditional education. Stakeholders representing various racial, ethnic, religious and sexual orientation identity groups expressed a reduced quality of education due to bias and discrimination issues experienced due to race, ethnicity and sexual orientation and gender identity.
- Age characteristics diversity– Issues related to senior/older adults' needs were articulated in the process, as well as those of 0-15 years old and TAY. Adult issues and needs were also articulated through some of the ethnic and cultural interviews.
- Gender characteristics diversity– See above (Form 2, Question 2, part a. [pages 2-4]) for historical utilization and service data by sex. The LGBT community has also been identified as an "underserved community" by Yolo County, thereby transgender individuals not captured in data are also considered for their unique gender issues. Cultural norms may dictate certain gender roles according to sex, which become important considerations for multicultural communities, individuals and families.

The following mechanisms assured the planning process successfully reached diverse audiences:

In order to ensure the planning process successfully reached diverse audiences, diverse stakeholder groups were targeted. Methods for the focus groups and key informant interviews were tailored to diverse populations not represented in the stakeholder meetings ***(see "Stakeholder Inclusion Grid," Attachment 3)*** through consultation and guidance from the community based providers county workers already working with specific communities. Stakeholders who attended initial community meetings demonstrated their commitment to the process, by assisting directly referring additional stakeholders and consumers to participate. Targeted outreach through migrant education, public education administrators and school site teachers and counselors resulted in good data about the diversity in the children of migrant workers and families. The faith community provided a means to access information about the needs of the Chinese and Russian

Baptist population in Davis and West Sacramento. Outreach included direct invitations to eighty stakeholders and groups: Underserved racial, ethnic, and cultural communities (Native American, Hispanic/Latino, Asian and Pacific Islander, Russian, LGBT); Education (Head Start, Public Education, Higher Education, Migrant Education); Individuals with Mental Illness and Families (NAMI, foster care caregivers); Mental Health Service Providers; Health Care Providers (medical); Social Service Providers; Law Enforcement and locally situated funding agencies. Interpreters provided translation for Russian and Spanish-speaking individuals in two focus groups and the targeted population survey conducted. Lastly, to ensure our ability to reach diverse populations, focus groups were held in diverse community locations such as senior centers, culturally specific churches and in other community settings.

c. Included outreach to clients with serious mental illness and/or serious emotional disturbance and their family members, to ensure the opportunity to participate.

Outreach to clients and family members included the following efforts:

- Focus groups were held in culturally specific community settings to facilitate engagement of underserved ethnic, racial, linguistic and cultural communities, clients and family members. Specifically:
  - One focus group targeted the Russian community and was held at an adult alcohol and drug peer support group, with the support of a county worker who served as a cultural broker / interpreter. This group was held at a Russian church in West Sacramento and represented consumers and family members, and illuminated an increased risk of Russians becoming homeless due to language, cultural and immigration challenges.
  - Another focus group was held at a residential facility in Davis targeting seniors members of the African American community. Individuals spoke of their own mental health challenges and that of their children, exacerbated by racial discrimination and social stigma. This group spoke about the need for supports in order to foster the health of their multigenerational community.
  - Another focus group specifically engaged with members of National Association of Mentally Ill (NAMI) in Yolo County to ensure hearing directly from consumers and family members.
- County employees with experience in working with cultural communities were pivotal in the success of the focus groups, as well as assuring language interpretation and distributing surveys beyond the focus groups.
- Key Informant Interviews (KII) and community surveys were conducted:
  - Social workers in public schools revealed the vulnerability of LGBT youth who experience mental health challenges (some of which had contributed to several youth suicides in the region. Barriers that these youth face were identified as an inability to gain mental health services without parental consent, with the fear of rejection compounded by the multicultural identities of LGBT youth.

- Migrant Latino families living in rural areas (Esparto). For these individuals, the survey was translated into Spanish to enable participation of individuals and families.

- Surveys were also distributed to all consumers, family members and provider stakeholders who attended the PEI community meetings.

3. Explain how the county ensured that the Community Program Planning Process included the following required stakeholders and training:

a. Participation of stakeholders as defined in Title 9, California Code of Regulations (CCR), Chapter 14, Article 2, Section 3200.270, including, but not limited to:

- *Individuals with serious mental illness and/or serious emotional disturbance and/or their families*
- *Providers of mental health and/or related services (physical health care and/or social services)*
- *Educators and/or representatives of education*
- *Representatives of law enforcement*
- *Other organizations that represent the interests of individuals with serious mental illness and/or serious emotional disturbance and/or their families*

The county assured the participation of required stakeholders, specifically:

- **Individuals with serious mental illness and/or serious emotional disturbance and/or their families**
  - Included in MHSA PEI planning and community stakeholder meetings.
    - Mental Health providers and contractors were engaged and invited to bring consumers and families to community stakeholder meetings.
  - Invited by special outreach using focus groups and surveys to encourage participation
    - Focus groups and Key Informant Interviews engaged the underserved racial, ethnic and cultural communities (or those representing them). These communities included consumers and families as evidenced by their self reported experiences of having mental health issues and the access barriers they experienced (Russian, African American, Latino community, LGBT youth liaisons).
  - Consumer and family leadership group involvement
    - Focus groups specifically engaged with NAMI-Yolo County, a consumer and family member leadership group, to assure client and family engagement.
    - Consumer and family members were some of the key informants
  - Many stakeholders and key informants self-identified as mental health consumers and/or family members.

- **Providers of mental health / related services (physical health care/ social services):**
  - Included on MHSA PEI planning and community stakeholder meetings.
  - Invited by special outreach using focus groups, key informant interviews and surveys to encourage participation. Those who participated were:

Children's Alliance
Chappa De FQHC
Community Clinic
Communicare FQHC
First Five
RISE, Inc.
Suicide Prevention
Telecare
Turning Point
Yolo Community Care Continuum (Y3C)*
Yolo County DESS (CPS)
Yolo County Indigent Healthcare
Yolo County Health Department
Yolo County Area Agency on Aging
Yolo County TRIAD
Yolo Family Resource Center
Yolo Family Services Agency
Yolo County Alcohol, Drug & Mental Health (Cultural Competency, Older Adults)
Yolo Wayfarer Christian Center
Community Member / Health Educator for Student Nurses

- **Educators and/or representatives of education**
  - Included on MHSA PEI planning and community stakeholder meetings.
  - Invited by special outreach using focus groups, key informant interviews and surveys to encourage participation. Those who participated were:

Safe Schools Healthy Students, WJUSD
Yolo County Office of Education
Yolo County Migrant Education
University of CA, Davis Dept. of Sociology
School Health Services
SELPA - Yolo County Superintendent
Washington Unified School District – Special Services
Woodland High School GSA advisor
Woodland High School Social Worker – School and Community Violence Prevention

- **Representatives of law enforcement**
  - Included on MHSA PEI planning and community stakeholder meetings.
  - Invited by special outreach using focus groups, key informant interviews and surveys to encourage participation. Those who participated were:
    Yolo County Probation – Chief
    Yolo County Probation - Program Manager

The following groups also participated in stakeholder meetings, focus groups, were subject to special outreach, and/or participated in key informant discussion:

- Community Centers, such as family resource centers, spiritual/faith organizations, arts, sports, youth clubs, parks and recreation, homeless shelters, senior centers, refugee and immigrant centers. Specifically:

  Blacks for Effective Community Action (BECA)
  Broderick Christian Center
  Collings Community Center in West Sacramento
  Community Housing Opportunity Corp.
  Davis Chinese Christian Church
  Eleanor Roosevelt Circle (senior housing) – targeted African American adults
  Senior housing, West Sacramento – targeting older adult, Russian community
  Tribal TNF Partnership
  United Christian Center
  WE People

b. Training for county staff and stakeholders participating in the Community Program Planning Process:

The MHSA Coordinator, staff and consultants facilitating the PEI planning process provided training for staff and stakeholders at community stakeholder meetings, in focus groups and in key informant interviews. Eleven refresher trainings were provided prior to stakeholder meetings with one hundred and four people receiving these trainings. Four focus groups attended by fifty people included similar training. Key informant interviews conducted with twenty-eight people, and one community survey, also included individual discussions about the intent of MHSA, PEI and general mental health.
The State PEI Guidelines, Glossary of PEI terms were used to explain "Priority Populations", "Key Community Mental Health Needs" and "Building the PEI Framework" concepts. For non-English speaking individuals and groups, a verbal summary of the MHSA and PEI intent was provided by interpreters.

4. Provide a summary of the effectiveness of the process by addressing the following aspects:

a. The lessons learned from the CSS process and how these were applied in the PEI process.

The county found the following tools and processes most productive during the CSS planning:

- Maintain ongoing stakeholder meetings resulted in more consistent attendance.
- Focus groups with underserved communities, including those with historical oppression facilitated information gathering for the planning process, but appeared to serve a dual function of the beginnings of building community, as isolation had occurred due to geography and lack of transportation.
- Key informant meetings were valuable for individuals from historically oppressed communities or from other system providers, who appeared to appreciate contributing.
- Surveys circulated in Spanish and Russian assisted in engaging these communities.
- Data reports by Yolo County Probation assisted in timely acquisition of information about justice.
- Prior MHSA CSS planning had already identified many key informants.

The following tools and planning processes were utilized to conduct the Prevention and Early Intervention Planning, based on the CSS experiences:

- Use of county staff with pre-established "cultural broker roles" gained entry to communities from which input was sought.
- Existing providers and partners identified those missing from the table.

The county experienced the following challenges in conducting CSS Planning and attempted to address those challenges in the PEI Planning.

- Community meetings required ongoing education and re-education of attendees about the process, as new attendees joined at each stakeholder meeting. Written materials and meeting dates were posted on the county webpage to ensure communication and attendance.
- Efforts focused to identify cultural representatives through county employees and other systems providers (i.e. Education, primary care, social services, justice) who work with various racial, ethnic and cultural groups.
- Significant caution and mistrust of the county's commitment to support community based organizations as new resources under MHSA PEI had to be overcome, given recent budget driven county layoffs and reduced contracts. To that end, every stakeholder meeting proactively contained discussions of the current budget ramifications on community services and consistently encouraged community based organizations to provide recommendations regarding the proposed plan up to the week of posting.

b. Measures of success that outreach efforts produced an inclusive and effective community program planning process with participation by individuals who are part of the PEI priority populations, including Transition Age Youth.

The program planning process reached representatives from un-served/ underserved communities. The following participation rates are based on sign-in sheets, key informant interviews, focus groups and returned surveys:

- Underserved Communities: 27 individuals participated in two Russian Focus Groups held in the community; 11 individuals participated in one African American Focus Group held in the community; 9 individuals participated in a community survey of Latino community in rural Esparto; 3 individuals represented needs of LGBTQ youth in KII.

The program planning process also included the following stakeholders required to participate.

- Consumers and family members: 12 individuals participated in a focus group specifically targeting clients/consumers and family members, with one individual from a target group (LGBT) participated in a KII and in community meetings.
- Providers: 16 Key Informants interviewed and 46 Service Providers (mental health or social services) in community meetings.
- Educators: 7 Key Informants interviewed and 14 Educational representatives at community meetings.
- Law Enforcement: 2 Key Informants interviewed and 2 participating (same individuals) at community meetings.
- Other organizations (such as Community Family Resource Centers, Employment services, media): 3 Key Informants and 41 participants of community organizations or individuals at community stakeholder meetings.
- General Stakeholder Meetings – A total of 104 different attendees who participated in multiple meetings.

See "Stakeholder Inclusion Grid" included as Attachment 3. A list of organizations and individuals contacted for interviews and community stakeholder sign-in sheets are available for examination upon request.

5. Provide the following information about the required county public hearing:

a. The date of the public hearing:

January 22, 2009, in Woodland, CA, facilitated by members of the Yolo County Mental Health Board.

b. A description of how the PEI Component of the Three-Year Program and Expenditure Plan was circulated to representatives of stakeholder interests and any other interested parties who requested it.

Commencing on or before December 22, 2008, copies of the draft Yolo County MHSA Prevention and Early Intervention Plan were circulated to representatives of stakeholder interests, as follows:

- Posted on the Internet at www.yolocounty.org, at this location: http:// www.yolocounty.org/Index.aspx?page=993
- Posted on the Internet at www.namiyolo.org;
- E-mailed or mailed via U.S. Postal Service to each member of the Local Mental Health Board;
- Hard copies sent via county courier to each member of the Yolo County Board of Supervisors;
- Hard copies sent via county courier to all public libraries in Yolo County, with the request that the document be made available for public viewing at the resource desk during regular hours of operation;
- Hard copies delivered to county mental health service centers in Woodland, Davis and West Sacramento, and to the Department of Social Services "One-Stop" center in Woodland;
- Internet link e-mailed to all stakeholder participants on the MHSA distribution list.

In addition, a copy of the draft amendment request was sent, via e-mail or U.S. Postal Service, to any interested party who requested it.

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

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

Stakeholders were also notified of the public review process and public hearing at the Yolo County MHSA Stakeholder Meeting on December 16, 2008.

Notice of the review and comment period was also posted on the Internet at http:// www.yolocounty.org/Index.aspx?page=993 and at www.namiyolo.org; the notice included reference to the Yolo County website and a phone number for requesting a copy of the draft proposal. Copies of the public notice were also posted at all Yolo County Post Offices, public libraries, mental health offices and

service centers, the Department of Social Services One-Stop Center in Woodland, and at the Yolo County Administration Building. Opportunities for translation of this document for monolingual Spanish- and Russian-speaking individuals were outlined in the announcement. Sample announcements are included here in Attachments 4 and 5.

For ease of public review and comment, the last page of the MHSA Prevention and Early Intervention Plan was a blank feedback form; a sample is attached hereto as Attachment 6.

c. A summary and analysis of any substantive recommendations for revisions.

During the 30-day examination period, one written comment was received; no written comments were received at the public hearing on January 22, 2009. The comment is summarized and attached hereto as Attachment 7; included as well is a summary of the response by the Yolo County Department of Alcohol, Drug and Mental Health Services.

d. The estimated number of participants in the public hearing on January 22, 2009 was: 16.

The draft Yolo County MHSA Prevention and Early Intervention Plan was approved by the Local Mental Health Board at its monthly meeting held on January 22, 2009. The finalized Yolo County MHSA Prevention and Early Intervention Plan was submitted to the Yolo County Board of Supervisors for approval on February 24, 2009; a copy of the Minute Order reflecting Board approval is attached hereto as Attachment 8. The Yolo County MHSA Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan was then forwarded to the California Department of Mental Health on March 9, 2009.

Note: *County mental health programs will report actual PEI Community Program Planning expenditures separately on the annual MHSA Revenue and Expenditure Report.*

County: Yolo County **PEI Project Name: Yolo Wellness Project**
Date: December 16, 2008

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Disparities in Access to Mental Health Services	☒	☒	☐	☒
2. Psycho-Social Impact of Trauma	☐	☐	☐	☐
3. At-Risk Children, Youth and Young Adult Populations	☒	☒		
4. Stigma and Discrimination	☒	☒	☐	☒
5. Suicide Risk	☐	☐	☐	☒

2. PEI Priority Population(s) **Note: All PEI projects must address underserved racial/ethnic and cultural populations.**	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
A. Select as many as apply to this PEI project:				
1. Trauma Exposed Individuals	☐	☐	☐	☐
2. Individuals Experiencing Onset of Serious Psychiatric Illness	☐	☐	☐	☒
3. Children and Youth in Stressed Families	☒	☒		
4. Children and Youth at Risk for School Failure	☒	☒		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	☒	☒		
6. Underserved Cultural Populations	☒	☒	☐	☒

2B. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s).

2B (1) Data Review and Analysis

To help inform the identification and selection of Key Community Mental Health Needs and Priority Populations, a thorough review of available data sources was conducted. Our CSS Needs Assessment for information pertinent to prevention and early intervention planning and to identify additional data sources was reviewed and was helpful for PEI planning.

The data that was reviewed and analyzed included data from the following sources (not an exhaustive list of data sources):

- CSS materials
- State of California, Department of Finance
- First 5
- California Department of Education and Department of Health Services
- California Healthy Kids Survey
- Yolo County Probation Department
- Yolo County Data Book
- Yolo County Children and Families Commission
- Yolo County Health Department

This data and analysis was compiled into a report that was provided to the stakeholders during the planning process. The stakeholders also helped identify additional data sources and gaps in the analysis which was included in the final report. A copy of the final data report is attached (Data Briefs).

2B (2) Stakeholder Input

Stakeholder input was obtained throughout the planning process and used to help identify and select the Key Community Mental Health Need(s) and the Priority Population(s) that this project addresses. Stakeholder input was gathered from the CSS planning process to identify input relevant to prevention and early intervention planning and a new stakeholder process was conducted to gather additional input.

Stakeholder input was gathered during the PEI Community Program Planning discussed in Form 2 and consisting of:

Key Informant Interviews (KII) – Twenty-eight (28) key informant interviews were conducted, including: Sixteen (16) service providers; two (2) law enforcement / justice representatives; seven (7) education representatives; and three (3) community members (including two (2) target populations (LGBT and Tribal) and one respondent representing a religious entity). Interviews were conducted in person, via telephone or over email to accommodate the

needs of respondents. The interviews were conducted using a multi-tiered approach of asking standard questions of each interviewee as well as gathering anecdotal information as provided by the Interviewees.

Focus Groups – Four (4) focus groups were conducted reaching a total of fifty (50) individuals, with ten (10) to fourteen (14) attendees per group. Focus groups were conducted in community settings to facilitate outreach and engagement of targeted ethnic and cultural communities, as well as consumers and family members (African American adult and elders community; Russian elders and Russian adult support group [AOD]; and NAMI).

Target Population Survey – One survey was conducted in Esparto at the farmers' market to outreach to the Latino community and a total of nine (9) respondents participated.

Community Stakeholder Meetings – A total of eleven community meetings have been held which were open to the public and held between 5pm-8pm in county facilities in community room settings. A total of one hundred and four (104) attendees participated overall.

The planning process was inclusive of key PEI stakeholders and the stakeholder input diverse as specified in Form 2.

The input from this planning process was analyzed and synthesized and used to identify and select the Key Community Health Need(s) and Priority Population(s) that this project addresses. The stakeholder input was compiled into a report that was provided to the planning team.

2B (3) Community Needs and Priority Populations

As a result of this input and analysis, the key community need(s) and priority population(s) and age group were selected that will be addressed by this PEI Project:

- Disparities in Access (Rural areas; Lack of insurance; Lack of transportation; Lack of awareness of services; Lacking services, providers and staff);
- Stigma and Discrimination (within cultural communities [Russian, Latino, LGBT] as well as mental health); and
- At risk children, youth and young adult populations.

Based upon the community input and needs assessment conducted in the community planning process, the following Priority Populations were identified:

- "Children, youth and TAY at risk for /experiencing juvenile justice involvement" that include youth experiencing behavioral and substance abuse problems and not getting help;

- "Children, youth and TAY at risk for school failure" that include those requiring services not available at school or in the community;
- "Individuals with First Onset of Serious Psych. Illness, noting those without access to medical care who are less likely to have their symptoms of mental illness recognized;
- Underserved Cultural Populations, noting families and individuals unaware of services and those needing mental health education.

Based upon the community input and needs assessment conducted in the community planning process the following Primary Age Groups were identified relative to the Community Mental Health Needs and Priority Populations: Children and Youth, TAY, Adults, and Older Adults. Although all populations have been identified as Priority Populations, this project will focus primarily on Children and Youth and Older Adult populations.

3. PEI Project 3.1 Description: *Yolo Wellness Project*

The Yolo Wellness Project consists of three programs, each having one or more components. The primary focus of the project is to increase resiliency and protective factors to prevent individuals and families from developing the symptoms of mental illness and negative life outcomes associated with mental illness. The overall project is designed to promote wellness and generally increase wellness skills among community members.

The community program planning process clearly indicated a need to increase access to services throughout the county. Providing services in the community, using home visitation models, addressing all age groups, providing services in a culturally competent manner, using peer support, increasing inter-agency collaboration, and using effective practices, were all needs identified during the community planning process. The key community mental health needs and the priority populations addressed by this project reflect this concern about increasing access to services in Yolo County for all age-groups and addressing multiple concerns. By seeking to provide resiliency training, support to families, and peer support, this project will address many of the needs identified in the planning process.

The specific programs that constitute this project are described in detail below:

Program 1: *Urban Children's Resiliency Program*

The Urban Children's Resiliency Program is specifically targeted to reach underserved children and families within the urban areas of the county which include residents of Davis, Woodland and West Sacramento. The program will focus on the priority populations of children, transition aged youth and families experiencing stress, children and transition aged youth at risk for school failure and juvenile justice involvement and/or who have experienced trauma.

This program will be implemented using a Request for Proposal process in which Community Based service providers and Partner Agencies will be invited to submit proposals to provide the programming. In addition to the

RFP Awardee, implementation partners will include Yolo County Schools, Yolo County Probation, and Primary Care Physicians throughout the county and other service providers who may refer urban children at risk. The setting for the program will be largely community based, with outreach and engagement offered in natural settings where the children reside, go to school and play. A program base will be established as appropriate by the RFP awardee. Geographically, the cities and school district areas of Davis, Woodland and West Sacramento will be targeted areas for this program. It is anticipated that providing services in children's natural settings will decrease disparities in access to services as well as provide significant support to the underserved populations of the county residing in these three communities. Specific strategies used in identifying and serving priority populations (children and youth in underserved cultural populations, in stressed families, at risk of school failure, and/or at risk of Juvenile Justice involvement) living in the urban geography will depend in part upon the program proposed by bidders in response to the Request for Proposals. ADMH will require bidders to comment on specific strategies and give supporting rationale.

For the specific resiliency-building program to be implemented, an evidence-based practice is preferred, and a promising practice which has been proven effective to increase resiliency and wellness in children and families would be considered. Particular consideration will be paid to the appropriate fit of the practice to the target populations and to the likelihood of achieving desired outcomes.

This program will require the following implementation actions:

- Development of RFP and selection of implementation partner
- Establishment of partnership arrangements using Yolo County ADMHS Contract process
- Establishment of partnership monitoring agreements to assure program is implemented with fidelity and outcomes are achieved
- Recruitment and training of staff (responsibility of awardee)
- Establishment of referral or response mechanisms when appropriate

Program 2: *Rural Children's Resiliency Program*

The Rural Children's Resiliency Program will seek to build the resiliency of children and youth in key rural areas of the county. This program will include and expand a portion of programming that is currently in Yolo County's Community Services and Supports (CSS) plan. The *Greater Capay Valley Children's Pilot Program* is currently funded within the CSS plan to provide mental health services and skills training and to build resiliency among children, transition aged youth and families in the rural areas of the Esparto School District. The mental health services portion of this program will continue to be provided through CSS funding by Yolo County ADMHS. The skills training and resiliency building components of this CSS program, which are provided by Rural Innovations in Social Economics, Inc. (RISE), will be

transferred to this PEI program and the target population will be expanded. Those to be served include the children, transition aged youth and families living in the geographic areas of both the Esparto Unified School District and the Winters Joint Unified School District, which together encompass the entire western rural region of Yolo County. This program expansion will also include implementation of evidence based or promising practices.

RISE, Inc. is a community-based agency centered in Esparto. Additional partners include local schools, and local health providers. The expansion will include similar partners serving the area covered by the Winters Joint Unified School District. The program setting is largely community based, with outreach and engagement offered where the children of Esparto and Winters reside, go to school and play. It is anticipated that providing this program in children's natural settings will decrease disparities in access to services for the un-served and underserved populations of rural western Yolo County.

Further strategies to meet the needs of un-served or underserved children and families in the expanded Rural Children's Resiliency Program will depend in part on the evidence based or promising practice proposed by RISE, Inc. to include in its expansion of services. Service strategies must continue to engage at-risk youth (e.g., "Snack Attack," a RISE program offering supportive conversation and healthy food to youth in the rural alternative education setting). Also, RISE's strategies must reflect consideration that (1)Yolo County rural families have low access to mental health services (Attachment 1, p. 6); (2) the rural populations of western Yolo County have a higher concentration of Latinos (40-65% rurally, as compared to 26% countywide [2000 Census]) (Latinos are identified overall as underserved); and (3) unlike their urban counterparts in Yolo County, students in both rural public school districts who self-identify as lesbian, gay, bisexual or transgender (LGBT) have no "Gay-Straight Alliance" groups and are subject to greater stigma and discrimination.

Portion of the Rural Children's Resiliency Program previously funded by MHSA Community Services and Supports (CSS)

Yolo's approved CSS plan included the Greater Capay Valley Children's Pilot Program, a collaborative effort between Yolo County ADMHS and Esparto-based RISE, Inc. (Rural Innovations in Social Economics, Inc.). This program included a component intended to build resiliency in children, which services are provided by RISE, Inc.

The Rural Children's Resiliency Program includes the following activities being transferred from CSS funding to PEI funding:

- *Resiliency component (only) of the CSS Greater Capay Valley Children's Pilot Program*

This activity previously funded by CSS meets PEI criteria in the following ways:

1. It is targeted to at risk children and youth prior to the diagnosis of mental illness
2. It is low intensity and short duration
3. It is designed to provide outreach in the natural community settings where the at risk children reside, go to school and play

Through Yolo County CSS implementation there are already some children prior to the development of a serious emotional disturbance who were being served. It is anticipated that expanding the program and making it a part of the PEI component will ensure that this service will only be provided to at-risk children prior to the development of a serious emotional disturbance.

Yolo County is in process of developing its MHSA CSS program and expenditure plan for FY 09-10. At the end of the current fiscal year (FY 08-09), Yolo County ADMHS will remove from its approved CSS plan the resiliency component of the Greater Capay Valley Children's Pilot Program, specifically identified as those services provided in the area geography identified as the Esparto Unified School District, by the community-based organization known as Rural Innovations in Social Economics, Inc. (a/k/a "RISE") under contract to ADMHS. Immediately thereafter, resiliency services will be included as part of the new program known as the MHSA PEI Wellness Project, Rural Children's Resiliency Program, which will serve a larger geographic area including the two rural school districts (Esparto Unified and Winters Joint Unified) in Yolo County. Similarly, mental health services provided by ADMHS under the CSS Greater Capay Valley Children's Pilot Program will also be expanded to include the Winters Joint Unified School District area, and the CSS mental health program will be renamed.

Any MHSA PEI activities undertaken by or on behalf of Yolo County ADMHS and conducted as part of the Rural Children's Resiliency Program prior to July 1, 2009, will be limited to the development of services in the Winters Joint Unified School District (i.e., in the geographic area of expansion).

The Rural Children's Resiliency Program will require the following implementation actions:

- Transfer of resiliency-based portion of CSS rural program to PEI and expand the program for PEI.
- Recruitment and training additional staff (responsibility of RISE, Inc.)
- Identification of participants
- Establishment of referral or response mechanisms when appropriate

Program 3: *Senior Peer Counselors Community Volunteer Program*

This program is intended to expand, train and coordinate existing services provided to "at-risk" older adults in the Yolo County community by senior

citizen (peer) volunteers. The program is focused on the key community needs and priorities of addressing early onset of mental illness, stigma and discrimination, disparities in access to services and underserved cultural populations, to allow for earlier intervention. The high risk of suicide among isolated seniors and identification of suicidal behaviors will also be addressed in training.

For several years, Yolo County has had a small group of volunteer seniors (primarily, retired professionals) who act in a voluntary capacity as peer counselors to isolated older adults in the Yolo County community. Supported by staff paid in small part by grant funding from the local Area Agency on Aging (Area 4), Yolo County ADMHS has offered limited training and oversight to this elite group of volunteers (originally eight in number, and mostly located in Davis). Although this program existed on a small scale in 2004, it was not directly funded by state and county funds and supplantation is not at issue. Yolo County will expand the capacity of this program and provide volunteers the training, coordination, and resource support they so clearly deserve.

Community awareness of the mental health needs of seniors has dramatically increased since the passage of Proposition 63, and with this increased awareness has come an increased demand for Senior Peer Counselor Services. Fortunately, interest among senior volunteers has increased as well, and Yolo County currently has four times the volunteers of previous years, and volunteer counselors are spread throughout the county (beyond Davis).

Local resources, albeit never large, are now severely strained. The costs of training new and existing volunteers, coordinating the efforts of senior peer counselors, and basic program expenses are burgeoning. The funding of a few hours per month of program oversight is no longer sufficient to sustain this expanding program, yet the role of these volunteers has never been more important in the prevention and/or identification of the onset of mental illnesses among our seniors. Yolo County plans to expand the current volunteer program, by providing additional training opportunities, supportive resources, and program coordination to the Senior Peer Counselors Community Volunteer Program.

It is proposed that this program contract locally to have a permanent coordinator, who will be responsible to recruit, train and coordinate the activities of volunteers who are or will become Senior Peer Counselors. This position is to be filled by an older adult consumer or family member of a consumer.

The volunteer Senior Peer Counselors will be trained in various areas of mental health literacy and support in order to provide prevention support and help build resiliency for the County's older adult population. In turn, the Senior Peer Counselors will provide activities such as mental health literacy training to other seniors and their families, which will assist in the identification of early signs of mental illness and decrease stigma related to mental illness. It is

expected that Yolo County older adults in need will begin seeking help earlier at lower levels of care. Additionally, Senior Peer Counselors will educate older adults and their families about steps they can take to help build resilience, increase protective factors and reduce the risk of developing mental illnesses. The Senior Peer Counselors will seek to identify and build resiliency with the County's isolated older adult populations, particularly those in underserved cultural communities such as the Russian Community in West Sacramento.

This program will be operated by the Yolo County Alcohol Drug and Mental Health Department. Implementation partners will include older adult consumers, family members; the Yolo County Area Agency on Aging, Adult Protective Services, and community based organizations serving older adults throughout Yolo County. The setting for the program will be community based, in the homes and neighborhoods of Yolo County's older adults. Additionally, senior citizen centers (in West Sacramento, Woodland and Davis) and services naturally accessed by older adults will be targeted. The Program Coordinator will attempt to recruit and train Senior Peer Counselor Volunteers who are bilingual/ bicultural for the Russian and Latino populations. Counselors will continue to take referrals from senior groups, primary care, Adult Protective Services, In-Home Support, Meals on Wheels and other local agencies serving seniors at risk of losing their independence due to mental health problems. Efforts to educate, train and support older adults in the community through the Senior Peer Counselor Volunteer Program will increase confidence and competence in accessing services, reduce stigma and cultural taboos about mental health care, and provide significant support to the un-served and underserved older adult populations, and their families, throughout the community (particularly, to the Russian and Latino populations).

This program will require the following implementation actions:

- Identification and training of contracted Coordinator for the Senior Peer Counselors
- Recruitment and training of volunteers to serve as Senior Peer Counselors
- Establishment of referral or response mechanisms when appropriate

Highlights of programs in this project include the following:

- The Senior Peer Counseling Program will seek to coordinate volunteer Senior Peer Counselor support to the un-served and underserved older adult populations of Yolo County. We anticipate that, over time, this will also reduce stigma in the need for higher end mental health services.

- Partnerships with Yolo County school districts and communities in the Urban and Rural Children's Resiliency programs will bring together providers in collaborative

relationships, which will increase protective factors for the children of Yolo County, while reducing stigma.

The key milestones for this PEI Project are:

- Development of RFP and selection of implementation partner: 2-3 months
- Formal contract/agreement to operate program: 1 month
- Program implementation, with initial enrollment: 3 months

4. Programs:

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
Urban Children's Resiliency Program	Individuals: 0 Families: 0	Individuals: 0 Families: 0	0
Rural Children's Resiliency Program	Individuals: 40 Families: 8	Individuals: 2 Families: 2	2
Senior Peer Counseling	Individuals: 5 Families: 3	Individuals: 5 Families: 3	2
TOTAL PEI PROJECT ESTIMATED *UNDUPLICATED* COUNT OF INDIVIDUALS TO BE SERVED	**Individuals: 45** **Families: 11**	**Individuals: 7** **Families: 5**	2

5. Linkages to County Mental Health and Providers of Other Needed Services

This PEI Project was designed in an inclusive planning process that included county and private providers of health, primary care, and mental health services. These community partner agencies, including health and primary care providers, are key partners in the strengthened network of care that is being built. As a result, programs in this project involve

contracts with community-based implementers and will require specific and formal referral linkages to assessment and treatment resources when participants believe that more extensive treatment is needed. These referral mechanisms will include access to primary care providers, private or public mental health service providers, or MHSA programs established under the CSS program.

The Senior Peer Counselor Community Volunteers will help increase resiliency and link individuals and family members to other needed services that are not traditionally defined as mental health, preventing or decreasing the need for intensive mental health services. This program will also help individuals increase their awareness of multiple supports available throughout the community and seek to increase access to these supports and services when appropriate.

The programs in this project should be sufficient to achieve desired outcomes at the individual, family, program, system, and community level. This project consists of three programs aimed at meeting the resiliency needs of Yolo by using multiple means and partners in various settings, addressing children and youth and their families, as well as older adults and their families, using culturally relevant strategies. The use of evidence-based programs and programs that have demonstrated effectiveness for serving cultural communities helps ensure that these programs will achieve the intended outcomes.

6. Collaboration and System Enhancements

The Urban Children's Resiliency Program, the largest program in this project, will utilize an RFP to identify an implementation partner who can assure that the goals of the project and community needs will be met. The RFP process will include a requirement for applicants to identify and secure partnerships to help ensure achievement of program goals.

Partners will include education, primary care, probation, service providers, and community centers among others. These partners will be involved in various ways in each of the programs, including providing services and providing access to populations served.

This project will build upon the local community-based mental health and primary care system by partnering with community clinics and health centers as likely implementation partners.

Leveraging resources for implementation partners is part of the partnership. Partners will be expected to leverage at least some resources, whether these are funds, staff time, space (rent, overhead), or other resources.

It is anticipate that the programs within this project will be ongoing PEI programs, depending on community review at periodic intervals, and assessment of the extent to which this project meets the identified individual, system and community outcomes, and is expected to be fully sustainable with ongoing PEI funding.

7. Intended Outcomes (Provide any research evidence or local evidence)

1. Urban Children's Resiliency Program:

It is anticipated that this PEI Program will result in the following system outcomes:

- Increased collaboration among service providers and communities which results in community improvement of protective factors for Yolo's urban children.
- Improved identification of and support for urban children at risk for developing symptoms of mental illness or very early on in the manifestation of these symptoms
- Identification of additional resources to support the expansion of this program in subsequent years.

Although it is clearly impossible to predict the numbers of children and families served before the specific program has been determined, we are confident that this PEI program will result in the following program outcomes

- Services to over 300 children in Davis, Woodland and West Sacramento in the first year of operation.
- Increased resiliency and wellness skills in children and families.
- Completion of selected parenting evidenced based practice by 75 to 100 parents in the first year of operation.

2. Rural Children's Resiliency Program:

It is anticipated that this PEI Program will result in the following system outcomes:

- Increased collaboration among service providers and communities which results in community improvement of protective factors for Yolo's rural children.
- Improved identification of and support for rural children at risk for developing symptoms of mental illness or very early on in the manifestation of these symptoms
- Identification of additional resources to support the expansion of this program in subsequent years.

It is anticipated that this PEI program will result in the following program outcomes

- Services to 200 children in Esparto and Winters in the first year.
- Increased resiliency and wellness skills in children and families.

3. Senior Peer Counselors:

It is anticipated that this PEI Program will result in the following system outcomes:

- Earlier identification of and support for older adults experiencing early signs or risks for serious mental illness, which allows services to be provided at the lowest level of care
- Identification of additional resources to support the sustainability of this program in subsequent years.

It is anticipated that this PEI project will result in positive community outcomes, specifically:

- Decrease in stigmatization of mental illness among older adults in Yolo County
- Improvement in the effectiveness and efficiency of referral processes among agencies serving older adults
- Increase in awareness of available supportive services that will allow stabilization in the community, to allow for support at the lowest level of care.

8. Coordination with Other MHSA Components

Our coordination with CSS includes the following mechanisms:

- Protocols for referral from this PEI project to CSS programs will be developed.
- Individuals identified by the Outreach and Engagement portion of CSS who can appropriately be served by the programs in this project will be referred.
- Staff from this project will meet regularly with the implementation staff of other MHSA components

County: Yolo County

PEI Project Name: Early Signs Project
Date: December 16, 2008

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Disparities in Access to Mental Health Services	☒	☒	☒	☐
2. Psycho-Social Impact of Trauma	☐	☐	☐	☐
3. At-Risk Children, Youth and Young Adult Populations	☐	☐		
4. Stigma and Discrimination	☒	☒	☒	☐
5. Suicide Risk	☐	☐	☐	☐

2. PEI Priority Population(s) **Note: All PEI projects must address underserved racial/ethnic and cultural populations.**	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
A. Select as many as apply to this PEI project:				
1. Trauma Exposed Individuals	☐	☐	☐	☐
2. Individuals Experiencing Onset of Serious Psychiatric Illness	☒	☒	☒	☐
3. Children and Youth in Stressed Families	☐	☐		
4. Children and Youth at Risk for School Failure	☐	☐		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	☒	☒		
6. Underserved Cultural Populations	☒	☒	☒	☐

2B. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s).

2B.1) Data Review and Analysis

To help inform the identification and selection of Key Community Mental Health Needs and Priority Populations, a thorough review of available data sources was conducted. Our CSS Needs Assessment for information pertinent to prevention and early intervention planning and to identify additional data sources was reviewed and was helpful for PEI planning.

The data that was reviewed and analyzed included data from the following sources (not an exhaustive list of data sources):

- CSS materials
- State of California, Department of Finance
- First 5
- California Department of Education and Department of Health Services
- California Healthy Kids Survey
- Yolo County Probation Department
- Yolo County Data Book
- Yolo County Children and Families Commission
- Yolo County Health Department

This data and analysis was compiled into a report that was provided to the stakeholders during the planning process. The stakeholders also helped identify additional data sources and gaps in the analysis which was included in the final report. A copy of the final data report is attached (Data Briefs).

2B (2) Stakeholder Input

Stakeholder input was obtained throughout the planning process and used to help identify and select the Key Community Mental Health Need(s) and the Priority Population(s) that this project addresses. Stakeholder input was gathered from the CSS planning process to identify input relevant to prevention and early intervention planning and a new stakeholder process was conducted to gather additional input.

Stakeholder input was gathered during the PEI Community Program Planning discussed in Form 2 and consisting of:

Key Informant Interviews (KII) – Twenty-eight (28) key informant interviews were conducted, including: Sixteen (16) service providers; two (2) law enforcement / justice representatives; seven (7) education representatives; and three (3) community members (including two (2) target populations (LGBT and Tribal) and one respondent representing a religious entity). Interviews were conducted in person, via telephone or over email to accommodate the needs of respondents. The interviews were conducted using a multi-tiered

approach of asking standard questions of each interviewee as well as gathering anecdotal information as provided by the Interviewees.

Focus Groups – Four (4) focus groups were conducted reaching a total of fifty (50) individuals, with ten (10) to fourteen (14) attendees per group. Focus groups were conducted in community settings to facilitate outreach and engagement of targeted ethnic and cultural communities, as well as consumers and family members (African American adult and elders community; Russian elders and Russian adult support group [AOD]; and NAMI).

Target Population Survey – One survey was conducted in Esparto at the farmers' market to outreach to the Latino community and a total of nine (9) respondents participated.

Community Stakeholder Meetings – A total of eleven community meetings have been held which were open to the public and held between 5pm-8pm in county facilities in community room settings. A total of one hundred and four (104) attendees participated overall.

The planning process was inclusive of key PEI stakeholders and the stakeholder input diverse as specified in Form 2.

The input from this planning process was analyzed and synthesized and used to identify and select the Key Community Health Need(s) and Priority Population(s) that this project addresses. The stakeholder input was compiled into a report that was provided to the planning team.

2B (3) Community Needs and Priority Populations

As a result of this input and analysis, the key community need(s) and priority population(s) and age group were selected that will be addressed by this PEI Project:

- Disparities in Access (Rural areas; Lack of insurance; Lack of transportation; Lack of awareness of services; Lacking services, providers and staff);
- Psycho-Social Impact of Trauma
- At Risk Children, Youth and Young Adult Populations;
- Stigma and Discrimination (within cultural communities [Russian, Latino, LGBT] as well as mental health); and
- Suicide Risk

Based upon the community input and needs assessment conducted in the community planning process, the following Priority Populations were identified:

- "Children, youth and TAY at risk for or experiencing juvenile justice involvement" that include youth experiencing behavioral and substance abuse problems and not getting help;

- Individuals with first onset of serious psychiatric illness, noting those without access to medical care who are less likely to have their symptoms of mental illness recognized;
- Underserved Cultural Populations, noting families and individuals unaware of services and those needing mental health education.

Based upon the community input and needs assessment conducted in the community planning process the following Primary Age Groups were identified relative to the Community Mental Health Needs and Priority Populations: Children and Youth, TAY, Adults, and Older Adults. This project will focus on Children, Youth, TAY and Adults.

3. PEI Project 3.2 **Description: *Early Signs Project***

The Early Signs Project consists of two programs designed to develop community capacity to recognize and address the signs of mental illness. The project will also develop awareness of existing resources, as well as to promote and increase early intervention for individuals experiencing first onset of psychosis. One of the project programs will be provided by Yolo County ADMHS, and one will utilize an RFP process.

The community program planning process clearly indicated a need in the county to address barriers to accessing mental health services. Furthermore, increasing outreach and providing education and training were key strategies identified in the planning process. The key community mental health needs and the priority populations addressed by this project reflect this concern about addressing the barriers that individuals face in Yolo County and increasing outreach and training. By seeking to provide early signs training throughout the county to multiple individuals in multiple settings, targeting the key community mental health needs and priority populations and age groups identified for this project, it is believed that the lack of awareness about mental illness and available resources that in key ways contribute to individuals not getting the help they need in a timely manner will be addressed. If the whole community increases its mental health literacy and decreases the stigma and discrimination associated with mental illness, significant headway can be made in improving outcomes for individuals, preventing the onset of serious mental illness and intervening very early on in its manifestation.

This approach focusing on mental health literacy and early signs awareness is modeled after work done in Europe and is also an integral component of nationally recognized models for early intervention for psychosis. One of our programs specifically involves increasing links to a nationally recognized clinic providing early intervention for psychosis.

The programs are described in detail below:

Program 1: ***Early Signs Training and Assistance***

A team approach will be utilized; two teams will be developed and will consist of the following culturally diverse members:

1. Team Leader/Clinician (one shared between both teams)
2. Early Signs Training Teams (two teams) consisting of specially trained Consumers/Family Members to serve as instructors

The Early Signs teams will provide training for key community agents (such as teachers, school nurses, probation officers, senior center staff, faith leaders) as well as general community members. The teams will be well-versed and able to train others in identification of early signs of mental illness, what to do if signs are identified, and what resources are available within the Yolo County Community and neighboring communities, such as the UC Davis "First Break" program, titled Early Diagnosis And Preventative Treatment (EDAPT). Assistance in accessing and navigating through resources will also be provided. By seeking team members who represent a diversity of cultural backgrounds, the teams' ability to engage effectively throughout the county should be enhanced.

The Team Leader/Clinician will also serve as a community advisor for individuals in need of early intervention services in mental health, including but not limited to the EDAPT program. In addition, the Team Leader/Clinician and Early Signs Training Teams and will provide consultation and team training assistance to Program 2 listed below, Crisis Intervention Training ("CIT") for law enforcement personnel and other first responders.

The following are primary goals of *Early Signs Training and Assistance*:

1) Increase mental health literacy throughout the county addressing county diversity
2) Decrease stigma and discrimination
3) Increase the number of people seeking help early in the manifestation of mental illness
4) Increase positive support for individuals and families of individuals experiencing early signs of mental illness
5) Increase mental health literacy of law enforcement and first responder personnel

The setting for this program is countywide and will specifically target community based locations where education and community capacity building can best occur. Although a program base will be established at an existing Yolo County ADMHS site, the programming itself will take place in community settings. The specific settings for this program will be multiple and will include targeting areas of Yolo County where un-served and underserved cultural populations reside. For example, West Sacramento is home to large numbers

of Russian immigrants, many of whom are generally mistrustful of public services and have cultural obstacles to admitting a need for mental health care. In Woodland and in rural areas of the county, Latino populations are higher (as high as 66% in rural areas), and many of the Latino immigrants do not understand mental health diagnoses or the potential benefits of medications. Cultural beliefs and stigma promote denial and prevent early intervention. These underserved populations will be targeted for this community education led by culturally diverse teams of consumers and family members. Other targeted areas will include various Yolo County communities where high concentrations of risk factors occur (i.e.: highly populated and economically disadvantaged urban areas, remote rural areas and minority neighborhoods).

This program will require the following implementation actions:

- Recruitment and training of Consumers and Family Member instructors – initial training developed and provided in the first few months after recruitment and then additional training provided for replacement instructors and to keep information and skills up-to-date
- Development of identification and referral protocol for early psychosis
- Provision of early signs trainings – several trainings throughout the year
- Provision of Mental Health First Aid or other similar training – several trainings throughout the year

Program 2: *Crisis Intervention Training*

This program utilizes a nationally recognized design which focuses on training law enforcement personnel and other first responders to recognize the signs of mental illness when responding to a crisis. The training provides information in how to respond appropriately and compassionately and to assist individuals and families in crisis that are experiencing mental illness to find appropriate care. The training is specifically aimed at decreasing stigma and discrimination, early identification for screening, and providing law enforcement personnel with increased intervention tools to prevent suicides. Since crisis involving law enforcement may be part of an individual's "first break" this program will support the training of first responders to help refer individuals who may be experiencing their first break of mental illness by assisting them to connect with early intervention services with the intent of decreasing further or more severe episodes of mental illness-related crises. Additionally, those individuals with persistent mental illness will be more likely to be referred to treatment and recovery and less likely to be incarcerated. The program is intended to include a training coordinator and support on-going trainings. This program will also have the consultative support and training involvement of the *Early Signs Training and Assistance* program, as set forth above.

Throughout the stakeholder process, members of the community repeatedly listed the need for well-coordinated Crisis Intervention Training in Yolo County after a number of incidents where police had used unusual force with

individuals manifesting signs of mental illness. It became one of the top priorities for the stakeholders and was included in earliest drafts of the PEI plan. Then in May 2008 an accidental death occurred where again police used unusual force with an individual with mental illness. Grave concerns from the community mounted, and ADMH agreed to sponsor a Crisis Intervention Training. The training was well received, but clearly more far-reaching strategies would be needed for Yolo County and its six law enforcement agencies (Police Departments of Woodland, West Sacramento, Davis and Winters; Yolo County Sheriffs; and U.C. Davis Police) in order to reach county-wide those underserved individuals experiencing early signs of mental illness.

Although a CIT program was already included in the draft PEI plan, NAMI of Yolo County and Yolo County Public Agency Risk Management Insurance Authority (YCPARMIA) decided to sponsor a second Crisis Intervention Training in March 2009, with the blessing of several members of the Board of Supervisors. These agencies asked for, and received, the support of ADMH in their training efforts.

Crisis Intervention Training will be implemented using a Request for Proposal process in which community providers will be invited to submit proposals to offer the training. In addition to the RFP awardee, implementation partners will include Probation, Law Enforcement (city, county and security) and Public Safety. Any other first responders throughout the county will be included. The training will take place in accessible areas within the county as determined by the RFP awardee. It is anticipated that the appropriate Law Enforcement and Public Safety representatives will be able to sufficiently access the training.

These programs will require the following implementation actions:

- Development of RFP and selection of awardee
- Establishment of partnership arrangements using Yolo County ADMHS Contract and/or MOU process
- Establishment of partnership monitoring agreements to assure programs are implemented with fidelity and/or outcomes are achieved
- Recruitment and training of staff (responsibility of awardee)
- Establishment of referral or response mechanisms when appropriate

Highlights of the 2 new programs include:

- The Early Signs Training will include culturally diverse consumers and family members as trainers who can reach out and engage community members providing training in a manner unprecedented in Yolo County. It is anticipated the team will be seen as highly credible and that new collaborative relationships will develop in some of Yolo's most vulnerable populations.
- Mental Health First Aid (or other similar training) will be provided throughout the county, increasing mental health literacy, decreasing stigma, and increasing support for individuals struggling with symptoms of mental illness

- The CIT program will reduce stigma and discrimination, allow for early identification for screening and assist law enforcement in gaining suicide prevention tools.

The key milestones for the *Early Signs Training and Assistance* PEI Project are:

- Recruitment of staff and trainers: 2 months
- Training of staff and contractor personnel: 2 months
- Development of early psychosis protocol: 3 months

The key milestones for the *Crisis Intervention Training* PEI Project are:

- Development of RFP and selection of implementation partner: 2 months
- Formal contract/agreement to operate program: 1 month
- Program implementation, with initial enrollment: 2 months

4. Programs:

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
Early Signs Training and Assistance Program	Individuals: 0 Families: 0	Individuals: 0 Families: 0	2
Crisis Intervention Training	Individuals: 0 Families: 0	Individuals: 0 Families: 0	2
TOTAL PEI PROJECT ESTIMATED *UNDUPLICATED* COUNT OF INDIVIDUALS TO BE SERVED	**Individuals:** 0 **Families**: 0	**Individuals:** 0 **Families**: 0	2

5. Linkages to County Mental Health and Providers of Other Needed Services

This PEI Project was designed in a wide-ranging planning process that included county and private providers of health, primary care, probation, services for older adults, education, cultural communities, client and family member organizations, and mental health services. We believe that these community partner agencies are key partners in the strengthened network of care we are building and are key partners for early signs training.

The project will require specific and formal referral linkages to assessment and treatment resources when participants believe that more extensive treatment is needed. These referral mechanisms will include access to primary care providers, private or public mental health service providers, or MHSA programs established under the CSS program, as well as community agencies providing a range of services.

The trainers will develop and identify reference material including referral information for resources not traditionally defined as mental health that could be relevant for individuals. A critical part of the training will be to let people know what they may do if they identify indications of early signs of mental illness, both in terms of clinical and non-clinical resources.

It is anticipated that two teams dedicated full-time to training will be sufficient to meet the desired outcomes of this project at the individual/family, program/system and community levels. As this project continues over the years, and by leveraging the facilities and recruiting activities of community partners, the teams will be able to access multiple community partners and access a broad selection of community members.

6. Collaboration and System Enhancements

Although the training teams will be developed and supported by the County, their activities will involve collaboration and partnership with a broad array of community partners. The County will utilize informal agreements with agencies providing access and services to Yolo County's citizens, such as education, primary care, justice and law enforcement, community service providers, senior centers, faith-based organizations, etc.

Partner organizations will collaborate in the provision of early signs training by providing locations for the trainings and access to the populations served by these organizations. Space and promotion activities are key resources that will be leveraged for this project as the trainings will occur in natural community settings. Developing referral information will help strengthen and build upon the local community-based mental health and primary care system by helping increase awareness of local community clinics and health centers.

It is anticipate that the programs within this project will be ongoing PEI programs, depending on community review at periodic intervals, and assessment of the extent to which this

project meets the identified individual, system and community outcomes. This is expected to be fully sustainable with ongoing PEI funding.

7. Intended Outcomes

1. Early Signs Training and Assistance Program

It is anticipated that this PEI Program will result in the following system outcome:

- Improved identification of and support for individuals experiencing risk factors and/or early onset of mental illness

It is anticipated that this PEI program will result in the following program outcomes within the first full year of operation:

- 40 Early Signs educational training sessions to be conducted
- 40 individuals completing Mental Health First Aid or other similar training
- 300 individuals will be educated in recognizing early signs of mental illness
- 20 individuals identified and referred for intervention upon first break or within very early onset of mental illness
- 20 referrals for mental health treatment for early onset psychosis from non-traditional service providers (i.e.: faith based organizations, community centers, adult education, primary care providers, etc)

It is anticipated that this PEI project will result in positive community outcomes, specifically:

- Increased community knowledge regarding the early signs of mental illness
- Decreased stigma surrounding mental illness
- Increased interest and number of requests for educational training for the following year of programming
- Increased collaboration among service providers and community agents which results in rapid response to individuals demonstrating signs of early psychosis
- Identification of additional local resources focusing on early intervention for individuals experiencing the onset of major mental illnesses
- Decrease in the number of individuals requiring long term treatment for severe and persistent mental illness as a result of early intervention

As a result of this project, more individuals will be aware of the early signs of mental illness and know what to do when early signs are identified. Utilization of pre- and post-tests in the training process will identify if the trainee experiences an increase in knowledge about early signs and how to respond.

2. Crisis Intervention Training

It is anticipated that this PEI Program will result in the following system outcomes:

- Increased collaboration among law enforcement and service providers resulting in increase in early interventions for individuals experiencing first onset of mental illness
- Decrease in number of arrests which occur due to first break or early onset of severe mental illness
- Identification of additional resources to support the expansion of this program in subsequent years.

It is anticipated that this PEI program will result in the following program outcomes

- At least 150 law enforcement officers and first response workers from throughout Yolo County will complete Crisis Intervention Training, and ongoing training opportunities will be established
- Increase in referrals for prevention and early intervention services by law enforcement and public safety personnel
- Decrease in arrests for individuals experiencing first break or early onset of severe mental illness
- Increase in recognition of early signs of mental illness by law enforcement and public safety personnel
- Increased knowledge of services available by law enforcement and public safety personnel

It is anticipated that this PEI project will result in positive community outcomes, specifically:

- Decrease incidences of violence and arrests specific to mental illness

8. Coordination with Other MHSA Components

Coordination with CSS includes the following mechanisms:

- Protocols for referral from this PEI project to CSS programs will be developed.
- Individuals identified by the Outreach and Engagement portion of CSS (or otherwise) who can appropriately be served by an early psychosis/early intervention program will be referred.
- Staff/trainers from this project will meet regularly with the implementation staff of other MHSA components.

MENTAL HEALTH SERVICES ACT
PREVENTION AND EARLY INTERVENTION COMPONENT
PROGRAM AND EXPENDITURE PLAN

FORMS 4, 5 and 6

BUDGETS
AND
BUDGET NARRATIVES

Project 1A

PEI Revenue and Expenditure Budget Worksheet

Form No. 4

Instructions: Please complete one budget Form No. 4 for each PEI Project and each selected PEI provider.

County Name: Yolo Date: 12/16/08

PEI Project Name: Yolo Wellness: Urban Children's Resiliency Program

Provider Name (if known): To be determined via RFP process

Intended Provider Category: Mental Health Treatment/Service Provider

Proposed Total Number of Individuals to be served: FY 07-08 0 FY 08-09 0

Total Number of Individuals currently being served: FY 07-08 0 FY 08-09 0

Total Number of Individuals to be served through PEI Expansion: FY 07-08 0 FY 08-09 0

Months of Operation: FY 07-08 0 FY 08-09 3

	Total Program/PEI Project Budget		
Proposed Expenses and Revenues	FY 07-08	FY 08-09	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages	$0	$0	$0
	$0	$0	$0
	$0	$0	$0
	$0	$0	$0
b. Benefits and Taxes @ %	$0	$0	$0
c. Total Personnel Expenditures	$0	$0	$0
2. Operating Expenditures			
a. Facility Cost	$0	$0	$0
b. Other Operating Expenses	$0	$0	$0
c. Total Operating Expenses	$0	$0	$0
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
Annual Contract	$0	$398,000	$398,000
One-time start up (includes $120,000 unexpended from FY 07-08)	$0	$120,000	$120,000
	$0	$0	$0
a. Total Subcontracts	$0	$518,000	$518,000
4. Total Proposed PEI Project Budget	$0	$518,000	$518,000
B. Revenues (list/itemize by fund source)			
	$0	$0	$0
	$0	$0	$0
		$0	$0
1. Total Revenue	$0	$0	$0
5. Total Funding Requested for PEI Project	$0	$518,000	$518,000
6. Total In-Kind Contributions	$0	$0	$0

Budget Narrative
Prevention and Early Intervention (PEI)
Form No. 4 Attachment
Yolo County Project 1A
Yolo Wellness: Urban Children's Resiliency Program

A. Expenditures	Narrative	Totals FY 07-08	Totals FY 08-09
3. Subcontracts/Professional Services			
Annual Contract	Contract to go out to Request for Proposal (RFP) for an evidence based practice or promising practice, to serve 3 urban school districts; Woodland Joint Unified School District, Davis Joint Unified School District, and Washington Unified School District. Premlinary estimate of contracted amount based on similar services provided in smaller regions.		$ 398,000
One-time startup exp. (includes $120,000 unexpended from FY 07/08)			$ 120,000
			$ 518,000

Project 1B

PEI Revenue and Expenditure Budget Worksheet

Form No. 4

Instructions: Please complete one budget Form No. 4 for each PEI Project and each selected PEI provider.

County Name: Yolo

Date: 12/16/08

PEI Project Name: Yolo Wellness: Rural Children's Resiliency Program

Provider Name (if known): Rural Innovations in Social Economics (RISE), Inc.

Intended Provider Category: Mental Health Treatment/Service Provider

Proposed Total Number of Individuals to be served:	FY 07-08	0	FY 08-09	30
Total Number of Individuals currently being served:	FY 07-08	0	FY 08-09	30
Total Number of Individuals to be served through PEI Expansion:	FY 07-08	0	FY 08-09	0
Months of Operation:	FY 07-08	0	FY 08-09	3

	Total Program/PEI Project Budget		
Proposed Expenses and Revenues	FY 07-08	FY 08-09	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages	$0	$0	$0
	$0	$0	$0
	$0	$0	$0
	$0	$0	$0
b. Benefits and Taxes @ %	$0	$0	$0
c. Total Personnel Expenditures	$0	$0	$0
2. Operating Expenditures			
a. Facility Cost	$0	$0	$0
b. Other Operating Expenses	$0	$0	$0
c. Total Operating Expenses	$0	$0	$0
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
RISE Inc.	$0	$180,000	$180,000
Less: CSS contract for Esparto Sch Dist FY 08-09 only		-$103,000	-$103,000
Start-up costs (incl. FY 07/08 $50,000 unexpended)	$0	$50,000	$50,000
a. Total Subcontracts	$0	$127,000	$127,000
4. Total Proposed PEI Project Budget	$0	$127,000	$127,000
B. Revenues (list/itemize by fund source)			
	$0	$0	$0
	$0	$0	$0
		$0	$0
1. Total Revenue	$0	$0	$0
5. Total Funding Requested for PEI Project	$0	$127,000	$127,000
6. Total In-Kind Contributions	$0	$0	$0

Budget Narrative
Prevention and Early Intervention (PEI)
Form No. 4 Attachment
Yolo County Project 1B
Yolo Wellness: Rural Children's Resiliency Program

A. Expenditures	Narrative	Totals FY 07-08	Totals FY 08-09
3. Subcontracts/Professional Services			
	The Rural Innovations in Social Economics (RISE), Inc., program will include and expand a portion of programming that is currently in Yolo County's Community Services and Supports (CSS) plan, in the rural areas of the Esparto School District. The mental health services portion of this program will continue to be provided through CSS funding by Yolo County ADMH. The skills training and resiliency building components of this CSS program, which are provided by RISE, will be transferred to this PEI program and the target population will be expanded to include the geographic area of Winters Joint Unified School District. The cost of this program is based on roughly double the costs of FY 07-08, where the contractor served only one rural school district area.		
RISE, Inc.			$ 180,000
Less: CSS contract for Esparto Unified School District FY 08/09 only			$ (103,000)
Start-up costs (incl.$50,000 unexpended from FY 08-09)			$ 50,000
			$ 127,000

PEI Revenue and Expenditure Budget Worksheet

Form No. 4

Instructions: Please complete one budget Form No. 4 for each PEI Project and each selected PEI provider.

County Name: Yolo

Date: 12/16/08

PEI Project Name: Yolo Wellness: Senior Peer Counseling Volunteers

Provider Name (if known): Yolo County Dept. of Alcohol, Drug and Mental Health Services

Intended Provider Category: County Agency

Proposed Total Number of Individuals to be served:	FY 07-08	0	FY 08-09	40
Total Number of Individuals currently being served:	FY 07-08	0	FY 08-09	24
Total Number of Individuals to be served through PEI Expansion:	FY 07-08	0	FY 08-09	16
Months of Operation:	FY 07-08	0	FY 08-09	3

	Total Program/PEI Project Budget		
Proposed Expenses and Revenues	FY 07-08	FY 08-09	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages	$0	$0	$0
Supervising Clinician .10 FTE	$0	$6,818	$6,818
	$0	$0	$0
	$0	$0	$0
b. Benefits and Taxes @ 35 %	$0	$2,386	$2,386
c. Total Personnel Expenditures	$0	$9,204	$9,204
2. Operating Expenditures			
a. Facility Cost	$0	$5,000	$5,000
b. Other Operating Expenses and Start-up costs from 07/08 $55,000 rollover	$0	$64,641	$64,641
c. Total Operating Expenses	$0	$69,641	$69,641
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
Training Costs (includes $30,000 unexpended funds from 07/08)	$0	$30,000	$30,000
Contracted Outreach Specialist	$0	$56,700	$56,700
	$0	$0	$0
a. Total Subcontracts	$0	$86,700	$86,700
4. Total Proposed PEI Project Budget	$0	$165,545	$165,545
B. Revenues (list/itemize by fund source)			
	$0	$0	$0
	$0	$0	$0
		$0	$0
1. Total Revenue	$0	$0	$0
5. Total Funding Requested for PEI Project	$0	$165,545	$165,545
6. Total In-Kind Contributions	$0	$0	$0

Budget Narrative
Prevention and Early Intervention (PEI)
Form No. 4 Attachment
Yolo County Project 1C
Yolo Wellness: Senior Peer Counseling Volunteers

A. Expenditures	Narrative	Totals FY 07-08	FY 08-09
1. Personnel (list classifications & FTE's)			
a. Salaries, Wages			
Supervising Clinician (.10 FTE)	Existing position for (.10 FTE) Supervising Clinician. Salary based on actuals.	$	6,818
b. Benefits and Taxes @ 35%	Benefits based on 35% of salary	$	2,386
2. Operating Expenditures			
a. Facility Cost	Rent for 1.1 employees residing in the Davis office.	$	5,000
b. Other Operating Expenses & start-up costs from 07/08 $65,000 rollover	Transportation costs for 1 FTE Outreach Specialist (use of county pooled vehicle at $29 a day plus mileage). Mileage reimbursement for senior peer counselors.	$	64,641
3. Subcontracts/Professional Services			
Training Costs (inc. $30,000 unexpended FY 07/08)	Training costs for senior peer counseling volunteers which include training manuals, printing and classes.	$	30,000
Contracted Outreach Specialist	Outreach Specialist to coordinate Senior Peer Volunteer Counselors	$	56,700
		$	165,545

Project 2A

PEI Revenue and Expenditure Budget Worksheet

Form No. 4

Instructions: Please complete one budget Form No. 4 for each PEI Project and each selected PEI provider.

Date: 12/16/08

County Name: Yolo
PEI Project Name: Early Signs: Early Signs Training and Assistance Program
Provider Name (if known): Yolo County Dept. of Alcohol, Drug and Mental Health Services
Intended Provider Category: County Agency

Proposed Total Number of Individuals to be served:	0	FY 08-09	0
Total Number of Individuals currently being served:	0	FY 08-09	0
Total Number of Individuals to be served through PEI Expansion:	0	FY 08-09	0
Months of Operation:	0	FY 08-09	3

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 07-08	FY 08-09	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages	$0	$0	$0
Clinician II (E Step)	$0	$61,200	$61,200
	$0	$0	$0
	$0	$0	$0
b. Benefits and Taxes @ 35% of Clinican only	$0	$21,400	$21,400
c. Total Personnel Expenditures	$0	$82,600	$82,600
2. Operating Expenditures			
a. Facility Cost	$0	$40,000	$40,000
b. Other Operating Expenses start up equipment from 07/08 $80,000 rollover	$0	$171,400	$171,400
c. Total Operating Expenses	$0	$211,400	$211,400
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
Professional services includes 07/08 $20,000 rollover	$0	$20,000	$20,000
Contracted Consumer Family Reps PT	$0	$60,000	$60,000
	$0	$0	$0
a. Total Subcontracts	$0	$80,000	$80,000
4. Total Proposed PEI Project Budget	$0	$374,000	$374,000
B. Revenues (list/itemize by fund source)			
	$0	$0	$0
	$0	$0	$0
		$0	$0
1. Total Revenue	$0	$0	$0
5. Total Funding Requested for PEI Project	$0	$374,000	$374,000
6. Total In-Kind Contributions	$0	$0	$0

Budget Narrative
Prevention and Early Intervention (PEI)
Form No. 4 Attachment
Yolo County Project 2A
Early Signs: Early Signs Training and Assistance

A. Expenditures	Narrative	Totals FY 07-08	FY 08-09
1. Personnel (list classifications and FTE's)			
a. Salaries, Wages			
Clinician II (E Step)	1 FTE Clinician II for program oversight and clinical support, based on Yolo County Human Resources Salary Resolution step E	$	61,200
b. Benefits & Taxes @ 35%	Benefits for 1 FTE Clinician II at 35% of salary	$	21,400
2. Operating Expenditures			
a. Facility Cost	Rental space and facility costs at the Bauer Building for 1 FTE Clinician and 10 part-time mental health consumer family representatives	$	40,000
b. Other Operating Expenses	Of the $171,400 start-up costs $80,000 is unexpended funds from FY 07/08 for the cost of computers, phones, research, training , and transportation for 2 teams.	$	171,400
3. Subcontracts/Professional Services			
Professional Services	$20,000 from FY 07/08 unexpended funds to be used for start-up costs, including curriculum development and training costs	$	20,000
Consumer Family Reps. PT	Up to 10 part-time mental health consumer family representatives	$	60,000
		$	374,000

Project 2B

PEI Revenue and Expenditure Budget Worksheet

Form No. 4

Instructions: Please complete one budget Form No. 4 for each PEI Project and each selected PEI provider.

County Name: Yolo

Date: 12/16/08

PEI Project Name: Early Signs: Crisis Intervention Training Program

Provider Name (if known): To be determined via RFP process.

Intended Provider Category: Mental Health Treatment/Service Provider

Proposed Total Number of Individuals to be served:	FY 07-08	0	FY 08-09	0
Total Number of Individuals currently being served:	FY 07-08	0	FY 08-09	0
Total Number of Individuals to be served through PEI Expansion:	FY 07-08	0	FY 08-09	0
Months of Operation:	FY 07-08	0	FY 08-09	3

	Total Program/PEI Project Budget		
Proposed Expenses and Revenues	FY 07-08	FY 08-09	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages	$0	$0	$0
	$0	$0	$0
	$0	$0	$0
	$0	$0	$0
b. Benefits and Taxes @ %	$0	$0	$0
c. Total Personnel Expenditures	$0	$0	$0
2. Operating Expenditures			
a. Facility Cost	$0	$0	$0
b. Other Operating Expenses	$0	$0	$0
c. Total Operating Expenses	$0	$0	$0
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
Contract for 6 trainings per year	$0	$50,000	$50,000
Start-up costs (incl. $10,000 unexpended funds from FY 07/08)	$0	$10,000	$10,000
	$0	$0	$0
a. Total Subcontracts	$0	$60,000	$60,000
4. Total Proposed PEI Project Budget	$0	$60,000	$60,000
B. Revenues (list/itemize by fund source)			0
	$0	$0	$0
	$0	$0	$0
		$0	$0
1. Total Revenue	$0	$0	$0
5. Total Funding Requested for PEI Project	$0	$60,000	$60,000
6. Total In-Kind Contributions	$0	$0	$0

Budget Narrative
Prevention and Early Intervention (PEI)
Form No. 4 Attachment
Yolo County Project 2B
Early Signs: Crisis Intervention Training Program

A. Expenditures	Narrative	Totals FY 07-08	Totals FY 08-09
3. Subcontracts/Professional Services			
Contract for 6 trainings per year	Contract to go out to Request for Proposal (RFP) for Crisis Intervention Training, requesting 6 trainings per year for up to 30 law enforcement officers/first responders per session.		$ 50,000
Start-up costs (incl. $10,000 unexpended from FY 07/08)	Costs for putting together training manuals.		$ 10,000
			$ 60,000

PEI Administration Budget Worksheet

Form No. 5

County: Yolo

Date: 12/16/2008

	Client and Family Member, FTEs	Total FTEs	Budgeted Expenditure FY 2007-08	Budgeted Expenditure FY 2008-09	Total
A. Expenditures					
1. Personnel Expenditures					
a. PEI Coordinator		0.5		$28,000	$28,000
b. PEI Support Staff		1		$30,800	$30,800
c. Other Personnel (list all classifications)					$0
MHSA Manager	0.2	0.2		$15,000	$15,000
Administrative Services Analyst		0.2		$11,600	$11,600
					$0
					$0
d. Employee Benefits 35%				$30,000	$30,000
e. Total Personnel Expenditures				$115,400	$115,400
2. Operating Expenditures					
a. Facility Costs				$18,000	$18,000
b. Other Operating Expenditures (inclu. $20,000 unexpended from FY 07/08)			$0	$40,000	$40,000
c. Total Operating Expenditures			$0	$58,000	$58,000
3. County Allocated Administration					
a. Total County Administration Cost			$0	$21,755	$21,755
4. Total PEI Funding Request for County Administration Budget			$0	$195,155	$195,155
B. Revenue					
1 Total Revenue			$0	$0	$0
C. Total Funding Requirements			$0	$195,155	$195,155
D. Total In-Kind Contributions			$0	$0	$0

Budget Narrative
Prevention and Early Intervention (PEI)
Form No. 5 Attachment
Yolo County
PEI Administration Budget Worksheet

A. Expenditures	Narrative	Totals FY 07-08	Totals FY 08-09
1. Personnel Expenditures			
a. PEI Coordinator	New staff (0.5 FTE) ADMH Program Coordinator for progam oversight and clinical support based on the Yolo County Human Resources Salary Resolution at step C.		$ 28,000
b. PEI Support Staff	New Staff (1 FTE) Administrative Clerk II for administration and support of staff based on Yolo County Human Resources Salary and Resolution at C step.		$ 30,800
c. Other Personnel			
MHSA Manager	Extising staff (.20 FTE) MHSA Program Manager actual salary. 20% is the PEI portion of the MHSA budget		$ 15,000
Analyst	Existing staff (.20 FTE) Administrative Services Analyst actual salary		$ 11,600
d. Employee Benefits @ 35%	Employee benefits at 35% of salaries		$ 30,000
2. Operating Expenditures			
a. Facility Costs	Rental space and facilities costs at Bauer Building, based on FTE's.		$ 18,000
b. Other Operating Expenditures	Electronic equipment, computers, phones, office supplies and transportation expenses. No out of state travel. Includes $20,000 unexpended funds from FY 07/08		$ 40,000
3. County Allocated Administration			
a. Total County Administration Cost	County Administrative costs based on FTE's		$ 21,755
			$ 195,155

PREVENTION AND EARLY INTERVENTION BUDGET SUMMARY

Form No. 6

Instruction: Please provide a listing of all PEI projects submitted for which PEI funding is being requested. This form provides a PEI project number and name that will be used consistently on all related PEI project documents. It identifies the funding being requested for each PEI project from Form No. 4 for each PEI project by the age group to be served, and the total PEI funding request. Also insert the Administration funding being requested from Form No.5 (line C).

County:	Yolo
Date:	12/16/2008

		Fiscal Year			Funds Requested by Age Group			
#	List each PEI Project	FY 07/08	FY 08/09	Total	*Children, Youth, and their Families	*Transition Age Youth	Adult	Older Adult
1.1	Wellness: Urban Children's Resiliency		$398,000	$398,000				
	Start-up/other costs (includes $120,000 unexpended from FY 07/08)		$120,000	$120,000	518,000			
1.2*	Wellness: Rural Children's Resiliency		$77,000	$77,000				
	Start-up/other costs (includes $50,000 unexpended from FY 07/08)		$50,000	$50,000	127,000			
1.3	Wellness: Senior Peer Volunteers		$90,545	$90,545				165,545
	Start-up/other costs (includes $75,000 unexpended from FY 07/08)		$75,000	$75,000				
2.1	Early Signs: Early Signs Training		$274,000	$274,000				
	Start-up/other costs (includes $100,000 unexpended from FY 07/08)		$100,000	$100,000	93,500	93,500	93,500	93,500
2.2	Early Signs: Crisis Intervention Training		$50,000	$50,000				
	Start-up/other costs (includes $10,000 unexpended from FY 07/08)		$10,000	$10,000	15,000	15,000	15,000	15,000
Adm	PEI Administration		$175,155	$175,155				
	Start-up/other costs (includes $20,000 unexpended from FY 07/08)		$20,000	$20,000	48,789	48,789	48,789	48,789
	Total PEI Funds Requested:	$0	$1,439,700	$1,439,700	$802,289	$157,289	$157,289	$322,834

*1.2 CSS Rural Children's Contract (Capay) to be moved to PEI in FY 09-10: $103,000

***A minimum of 51 percent of the overall PEI component budget must be dedicated to individuals who are between the ages of 0 and 25 ("small counties" are excluded from this requirement).**

County: YOLO **Date: December 16, 2008**

☐ Check this box if this is a "very small county" (see glossary for definition) and the county is electing the option to waive the requirement to conduct a local evaluation of a PEI project. Very small counties electing this option do not need to complete the remainder of this form.

PEI Project Name:

1. a. Identify the programs (from Form No. 3 PEI Project Summary), the county will evaluate and report on to the State.

Yolo County will evaluate and report to the state on the *Early Signs Project*, which includes two programs:

1. Early Signs and Interventions
2. Crisis Intervention Training

1. b. Explain how this PEI project and its programs were selected for local evaluation.

The Early Signs Project involves a mix of clinical staff, consumer and family member trainers, law enforcement personnel and other first responders, and members of the community. Throughout the stakeholder process, the Crisis Intervention Training program was the highest priority for stakeholders. Other high priorities were (1) the creation of a mechanism by which individuals experiencing onset of mental illnesses could access "first break" services like UCD Medical School's EDAPT program; and (2) educating community members on recognizing mental illness in others. Given the mix of collaborators, the interface of the programs and the priority of these services among stakeholders, the Early Signs Project and its two programs, *Early Signs Training and Assistance* and *Crisis Intervention Training* will provide Yolo County ADMHS with an excellent opportunity to evaluate the effectiveness of this PEI effort.

2. What are the expected person/family-level and program/system-level outcomes for each program?

Early Signs Training and Assistance Program:

- Improved identification of and support for individuals experiencing risk factors and/or early onset of mental illness
- 40 Early Signs educational training sessions to be conducted
- 40 individuals completing Mental Health First Aid or similar training
- 300 individuals will be educated in recognizing early signs of mental illness

- 20 individuals identified and referred for intervention upon first break or within very early onset of mental illness
- 20 referrals for mental health treatment for early onset psychosis from non-traditional service providers (i.e.: faith based organizations, community centers, adult education, primary care providers, etc)
- Increased community knowledge regarding the early signs of mental illness
- Decreased stigma surrounding mental illness
- Increased interest and number of requests for educational training for the following year of programming
- Increased collaboration among service providers and community agents which results in rapid response to individuals demonstrating signs of early psychosis
- Identification of additional local resources focusing on early intervention for individuals experiencing the onset of major mental illnesses
- Decrease in the number of individuals requiring long term treatment for severe and persistent mental illness as a result of early intervention

Crisis Intervention Training Program:

- Increased collaboration among law enforcement and service providers resulting in increase in early interventions for individuals experiencing first onset of mental illness
- Decrease in number of arrests which occur due to first break or early onset of severe mental illness
- Identification of additional resources to support the expansion of this program in subsequent years
- At least 150 law enforcement officers and first response workers from throughout Yolo County will complete Crisis Intervention Training, and ongoing training opportunities will be established
- Increase in referrals for prevention and early intervention services by law enforcement and public safety personnel
- Decrease in arrests for individuals experiencing first break or early onset of severe mental illness
- Increase in recognition of early signs of mental illness by law enforcement and public safety personnel
- Increased knowledge of services available by law enforcement and public safety personnel
- Decrease incidences of violence and arrests specific to mental illness

3. Describe the numbers and demographics of individuals participating in this intervention. Indicate the proposed number of individuals under each priority population to be served by race, ethnicity and age groups. Since some individuals may be counted in multiple categories, the numbers of persons on the chart may be a duplicated count. For "other", provide numbers of individuals served for whom a category is not provided (i.e., underserved cultural populations; e.g., gay, lesbian, bisexual, transgender, questioning; hearing impaired, etc.). Please indicate at the bottom of the form an estimate of the total *unduplicated* count of individuals to be served. If the focus of the intervention is families, count each person in the family.

"The numbers and demographics of individuals participating in this intervention" is difficult to describe in the instant circumstance. Those community members and law enforcement officers receiving *Early Signs Training and Assistance* and *Crisis Intervention Training* are not the "Persons To Receive Intervention"; rather, it is expected that the participants in the trainings will use the skills learned to provide improved assistance and support to other individuals in the community.

It is more appropriate in this circumstance to estimate those priority populations that will ultimately benefit most from the improved abilities to recognize the signs of onset of mental illness, increased awareness of community resources, and the decreased stigma and discrimination resulting from these individuals having received the training set forth in this project. Although it is anticipated that individuals in all age groups and ethnicities will ultimately benefit from these persons' improved skills and abilities, the individuals receiving intervention are anticipated to be in the age groups and population categories set forth below.

PERSONS TO RECEIVE INTERVENTION

POPULATION DEMOGRAPHICS	PRIORITY POPULATIONS						
	TRAUMA	FIRST ONSET	CHILD/YOUTH STRESSED FAMILIES	CHILD/YOUTH SCHOOL FAILURE	CHILD/YOUTH JUV. JUSTICE	SUICIDE PREVENTION	STIGMA/ DISCRIMINATION
ETHNICITY/ CULTURE							
African American		30			25		50
Asian Pacific Islander		20			25		50
Latino		125			75		175
Native American		25					50
Caucasian		100			75		175
Other (Indicate if possible)							
AGE GROUPS							
Children & Youth (0-17)		50			50		100
Transition Age Youth (16-25)		150			150		200
Adult (18-59)		100					200
Older Adult (>60)							
TOTAL		300			200		500

Total PEI project estimated ***unduplicated*** count of individuals to be served 500

4. How will achievement of the outcomes and objectives be measured? What outcome measurements will be used and when will they be measured?

- Pre- and post-tests will be developed for use with all trainings offered by both programs in this project. Examples of outcomes and objectives being measured include changes experienced by the trainees (before and after training) in these areas:
  - Awareness of signs of mental illness
  - Awareness of psychiatric services available to individuals experiencing mental illness
  - Awareness of stigma and discrimination
  - Awareness of how to communicate with individuals experiencing crisis
  - Awareness of community resources available to families in crisis
  - Awareness of the importance of early recognition of the onset of mental illness

- All training participants will be asked to complete an evaluation of training received

- A 6-months follow-up testing will be developed for those who have completed Early Signs Training to determine effectiveness of this training and obtain feedback to assist in changes to curriculum.

- RFP Awardees will be asked to collaborate on the development of a 6-months follow-up testing protocol for law enforcement and first responders having completed Crisis Intervention Training to determine effectiveness of this training and obtain feedback to assist in changes to curriculum

- All individual assistance (beyond training) provided by the Early Signs Training and Assistance Lead Clinician or Training Teams will be logged and periodically reviewed.

5. How will data be collected and analyzed?

- Pre- and post-training tests results will be recorded
- Evaluations will be reviewed
- 6-month follow-up testing will be tracked and reviewed
- Demographics will be tracked whenever possible

6. **How will cultural competency be incorporated into the programs and the evaluation?**

- Every effort will be made to incorporate cultural competency into these trainings and services
- ADMHS will make every attempt to represent diversity in its selection of consumer and family member trainers in the Early Signs Training and Assistance Program, and all staff and trainers will undergo cultural competency training
- Program evaluations will encourage participants to rate and evaluate cultural competency issues in the context of the training received and to offer suggestions for improvements in the area of cultural competency

7. **What procedure will be used to ensure fidelity in implementing the model and any adaptation(s)?**

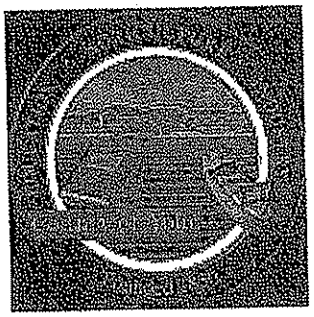
- The Early Signs Training and Assistance Program will use approved curriculum for training members of the public (such as, *Mental Health First Aid*) and will use printed materials reviewed in advance by the Early Signs Training Teams
- The Lead Clinician who oversees the Early Signs Training Teams will review team training efforts and printed training materials to monitor fidelity
- RFP narrative for provider of Crisis Intervention Training will request documentation of lead trainer's qualifications and clearly set forth that provider must use an approved written curriculum and follow a specific training outline, both of which must be submitted in advance
- ADMHS Manager will periodically attend Crisis Intervention Training to observe effectiveness of curriculum and fidelity to training plan
- Both programs will have to report adaptations of the curriculum to the MHSA PEI Coordinator

8. **How will the report on the evaluation be disseminated to interested local constituencies?**

Periodic reports evaluating this project will be made available to all interested MHSA stakeholders by the following means:

- Presentation of evaluation reports at MHSA stakeholder meetings
- Posting of reports on Yolo County and Nami-Yolo websites
- Email notification of all stakeholders that evaluation reports are available on the Internet or by mail, upon request
- Distribution of evaluation report to LMHB members for review

Yolo County
MHSA Planning
Stakeholder's Meeting



Data Briefs – Revised April 28, 2008

(This data brief booklet replaces the versions issued on March 10 and April 7, 2008.)

Woodland, CA

Prepared by Sarah Taylor, Ph.D. with M. Anne Powell, M.S.W, PhD. Candidate and Will Rhett-Mariscal, Ph.D.
California Institute of Mental Health

CiMH
Helping You Make the Difference

Attachment 1

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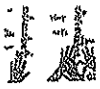 Suicide Risk 11

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* **Unless specified as U.S. or California state data, all information presented here is specific to Yolo County.**

Demographic Overview[1]

POPULATION: Yolo is a fast-growing county. In 2007, the county had 193,983 residents, which was a 1.8% increase from 2006. Yolo has grown 1-3% each year since 2000[2].

REGIONS: Yolo County's four biggest cities (Woodland, Davis, West Sacramento, and Winters) are located in the Eastern 2/3 of the county, and 87% of the county's residents live in one of these four cities. The populations of these cities in 2005 were[3]:

- Davis: 60,709
- Woodland: 51,020
- West Sacramento: 41,744
- Winters: 6,764

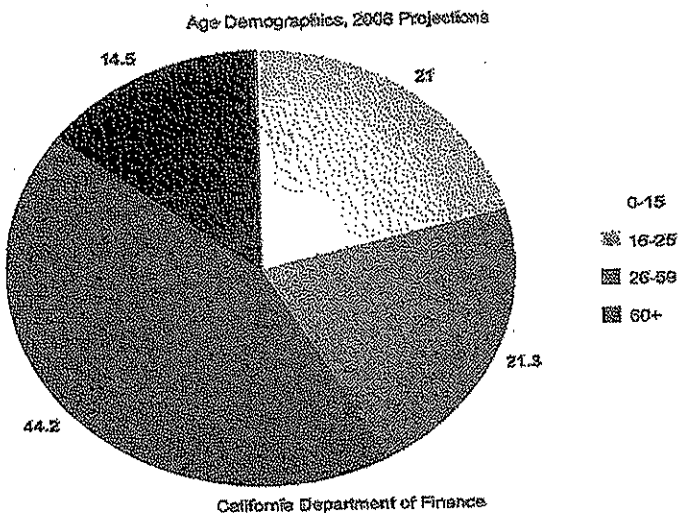
10% of the population lives in the rural communities in the Western 1/3 of the county. 80% of the county's land is farmland.

The cities and regions of Yolo County vary in their need for social services and access to services. For example, in West Sacramento, where 23% of the county's residents live, the rate of drug- and alcohol-related deaths is much higher than the county average. In Davis, the rate is much lower than the county average.[4]

	Yolo	West Sacramento	Davis
Age-Adjusted Drug-Related Deaths per 100,000	8.1	22.4	3.4
Age-adjusted Alcohol-Related Deaths per 100,000	9.1	20.0	4.2

AGE: According to the 2008 California Department of Finance Estimates:

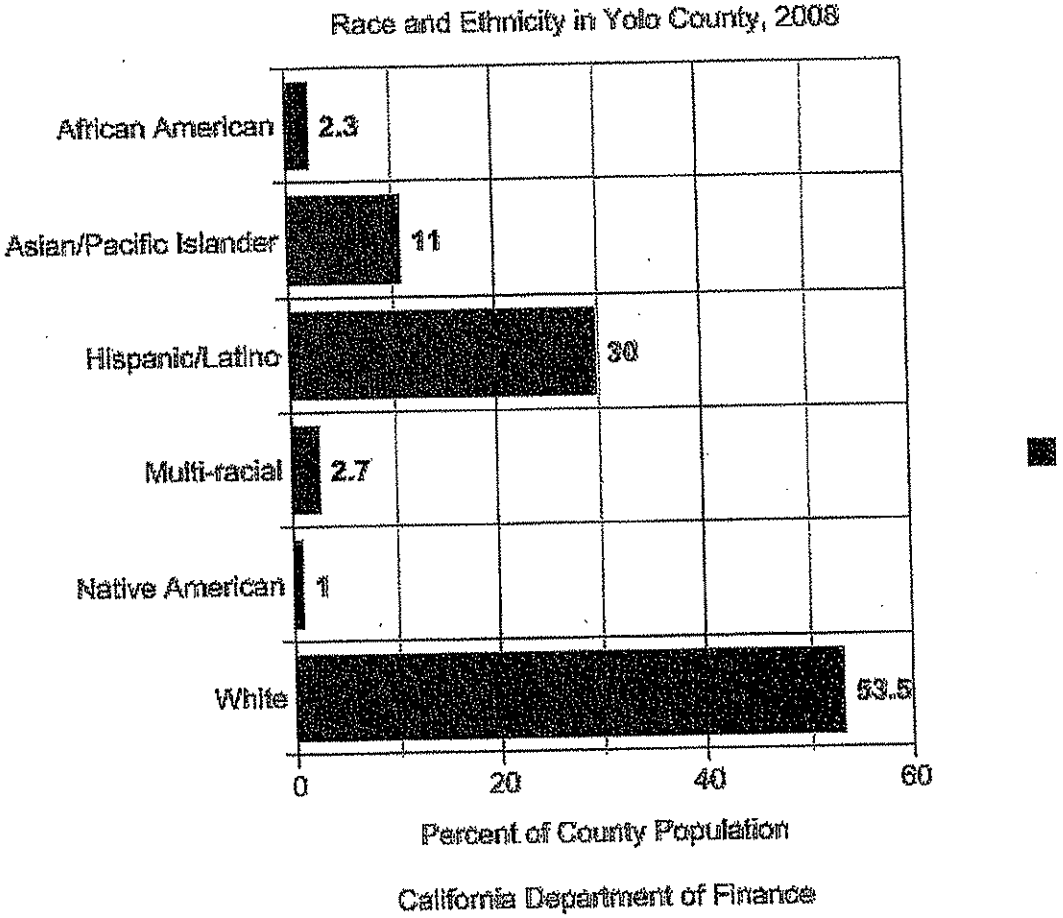
- 21.0% of residents are ages 0-15
- 21.3% are 16-25
- 44.2% are 26-59
- 14.5% are 60 or over



Attachment 1

RACE & ETHNICITY: According to the 2008 California Department of Finance Estimates:

- 2.3% of residents are African American
- 11.0% are Asian/Pacific Islander
- 30.0% are Hispanic/Latino
- 2.7% are multi-racial
- <1.0% are Native American
- 53.5% are White



IMMIGRATION & LANGUAGE: In 2000, about 1 in 5 people in were born outside of the United States, and almost 1 in 3 people in Yolo County were speaking a language other than English at home.

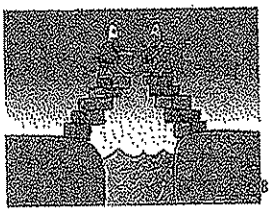
In 2006-2007, 6,610 students (22% of all enrolled students) in Yolo County public schools (K-12) were classified as English Learners. They spoke the following as their first languages[5]:

- 81% Spanish
- 5% Russian
- 3% Punjabi
- 2% Korean
- 1% Hindi
- The remaining 7% spoke one of over 20 different languages.

EDUCATION: Almost 80% of residents have a high school diploma or equivalent, and a little more than 1 in 3 have a Bachelor's Degree or higher.

INCOME: In 2004, the median household income was almost $45,000 and 11.2% of residents were living below the federal poverty threshold, which was $19,307 for a family of four that year.[6] In 2007, 15% of Yolo County children were living in poverty.[7]

Disparities in Access to Mental Health Services



Many residents have difficulty accessing mental health services.

- In 2001, 19% of residents did not have health insurance that provided mental health coverage, and 10.5% of residents reported that they had difficulty accessing the mental health services they needed.[9]

Mental health services in Yolo County[10]

The following information is from the Yolo County Mental Health CSS Plan, using utilization data from 2004-2005. In 2004-2005, 3,711 individuals received county mental health services (includes all levels of service receipt), which was approximately 2% of the County's residents.

Notes on the data in these tables: In both of the tables below, the column titled "representation in county population" was calculated using 2005 California Department of Finance population estimates. The column titled "percent of group in county receiving MH services" combines the CSS and Department of Finance data by dividing the number of individuals in that group receiving county mental health services by the number of individuals in that group living in Yolo County in 2005. Figures in this table may differ from those provided in the demographic overview of this report as these figures are based on 2005 Department of Finance estimates to match the 2004-2005 mental health administrative data. In the age table, please note that the age categories overlap; this is intentional due to the transition-age youth category (ages 16-25). The individuals are transition-age youth, but are also children (under 18) or adults (over 18) and need to be represented as such depending on the types of services and supports being planned..

Clients by race/ethnicity:

Race/ethnicity	Representation in county population	Percent (#) of MH clients	Percent of group in county receiving MH services
African American	2.1%	5.5% (203)	5.1%
Asian/Pacific Islander	10.8%	4.6% (169)	<1%
Hispanic/Latino	29.0%	14.2% (526)	<1%
Native American	<1%	1.6% (58)	4.3%
White	55.2%	63.7% (2363)	2.3%
Russian	n/a	1.1% (42)	n/a
Other	n/a	9.4% (350)	8.0%

Clients by age:

Age	Representation in county population	Percent (#) of MH clients	Percent of group in county receiving MH services
0-17	24.4%	31% (1148)	2.5%
16-25	21.7%	19% (717)	1.7%
18-59	63.0%	64% (2370)	2.0%
60 and over	12.7%	5% (193)	<1%

Other information on populations who have difficulty accessing mental health services:

Children, youth, and young adults:

- Less than 1% of mental health clients are children ages 0-5, despite documented mental health needs in that age group (see "At-Risk Children, Youth, and Young Adults").[11]
- Estimates suggest that about 30% of children ages 0-18 who need mental health services are not receiving them.[12]
- Among youth ages 18-25, about 77% are not receiving needed mental health services.[13]
- These estimates are based on the expected number of youth who have a serious mental illness. They may underestimate the number of individuals who could benefit from prevention and early intervention.

Parents of young children:[14]

- In focus groups conducted in 2002 involving 100 parents and caregivers from targeted populations such as parents of special needs children, parents in recovery, parents involved in Child Protective Services, parent survivors of domestic violence, and families experiencing isolation, many reported difficulties accessing counseling for marital problems, stress, and depression. Spanish speaking parents were especially likely to report difficulties accessing mental health services.

Low-income families and individuals without Medi-Cal Insurance[15]

- A report by Communicare suggests that a number of low-income families and individuals do not qualify for Medi-Cal, or cannot afford the share-of-cost, and thus have difficulty accessing needed mental health services. As a result, many such families are treated in Communicare's primary care clinics, and not receiving the level of mental health services they need.

Rural families: [16]

- In 2002, parents of young children living in Winters and Knights Landing reported that mental health services were not available in their area.
- Parents of young children living in the smaller communities of Clarksburg, Esparto, Winters, and Knights Landing reported that they lack also services in general, including transportation, childcare and counseling.[17]

Psycho-Social Impact of Trauma & Trauma-Exposed Populations

Children/youth:

- 35% of the 69 mental health providers surveyed reported that trauma-related services were a "great need" for children ages 0-5.[19]
- In 2004, the Child Welfare Services Emergency Response Team received 3,023 referrals[20]. The reasons for referral included traumas such as:
  - Sexual abuse – 8%
  - Physical abuse – 18%
  - Severe neglect – 1%
- In fiscal year 2006-2007, Child Welfare Services received no reports of a child in foster care being maltreated.[21]

Survivors of domestic violence and their children:

- In 2005, law enforcement agencies responded to 1,158 calls for domestic violence, 582 of which involved a weapon.[22]
- In a 2002 focus group of parent survivors of domestic violence, parents expressed a desire for more services for their children, who had been exposed to, or witnessed, the violence. Though parents were interested in clinical interventions for their children, they also wanted access to more recreational activities for their children.[23]

Older adults:

- In 2006, Adult Protective Services received 70 confirmed reports of elder abuse.[24]

Veterans

- About 11,000 veterans were living in Yolo County in 2004[25].

Refugees

- Yolo is one of 12 California counties awarded a Refugee Social Services grant from the California Department of Social Services for 2007-2008 due to the number of refugees settled here[26].

Community violence:

- In the 5-year period from 2001-2005, there were an average of 4 deaths per year due to homicide. In 2005, there were 3 deaths from homicide. 1 of these individuals was male, and 2 were female. 1 of these individuals was age 10-14, 1 was age 35-44, and 1 was age 45-54. 2 of these individuals were White, and 1 was Hispanic/Latino.[27]
- In 2005, law enforcement agencies responded to 66 rapes, 147 robberies, and 561 aggravated assaults.[28]

At-Risk Children, Youth, and Young Adults

Mental illness begins at a young age.

- Nationally, 50% of all mental illnesses start before age 14, and 75% start before age 24.[30]
- National samples suggest that most individuals with psychotic disorders experience their first onset in adolescence or early adulthood.[31]
- About 1 in 3 Yolo County 7th to 11th graders responded "yes" to the question "During the past 12 months did you ever feel so sad and hopeless almost every day for two weeks or more that you stopped doing some usual activities?" These youth are excellent candidates for targeted mental health prevention and early intervention efforts.[32]
- 82% of the 69 mental health providers surveyed felt that improved prevention and early intervention services were a "great need" for children ages 0-5.[33]
- 29% of the 276 two- and three-year-olds who participated in a county mental health screening were found to have some signs of early mental health problems.[34]

Youth of color, older youth, and youth from low-income households are less likely to have access to medical care, where early signs of mental illness are detected. [35]

- About 90% of Latino children ages 0-18 have regular access to a primary care doctor, as compared to 93% of Asian children and 96% of White children*.
- There is also evidence that age affects access to a primary care provider (PCP). While just 1-2% of children under age 11 do not have access to a PCP, 14% of youth ages 12-18 do not.
- 14% of children living under the federal poverty line do not have access to a PCP.
- Older children are more likely to be uninsured; while 4% or fewer children ages 0-11 do not have health insurance, 11% of youth ages 12-18 are uninsured.

Youth aging out of foster care may require mental health and other social services to help them make the transition to independent living.

- In Yolo County in fiscal year 2006-2007, 20 foster youth were emancipating or turning age 18 (but still in care).[36]

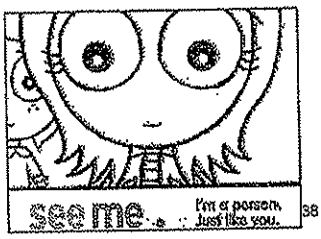
Use of alcohol and other drugs can exacerbate or contribute to development of mental illness. Many youth in Yolo County use, or have access to, alcohol and drugs. [37]

- In 2004-2006, about 43% of 11th graders reported that they had used alcohol or another drug within the past 30 days.
- Most of the above youth had used alcohol and/or marijuana, but 3% had used inhalants or cocaine, and 2% had used methamphetamine/amphetamine or a hallucinogen.
- Inhalant use was actually higher for younger teens; 5% of 7th graders had used an inhalant within the past 30 days.

* Data not available for African American children.

- It is clear that some youth's use is particularly risky. 9% of 9th graders reported that they had been drunk, or gotten sick from drinking alcohol, 7 or more times in their lifetimes; by grade 11, 16% endorsed this statement.
- Youth have access to alcohol and marijuana in Yolo County. Close to 50% of 11th graders in this county said it was "very easy" to get alcohol or marijuana.

Stigma and Discrimination



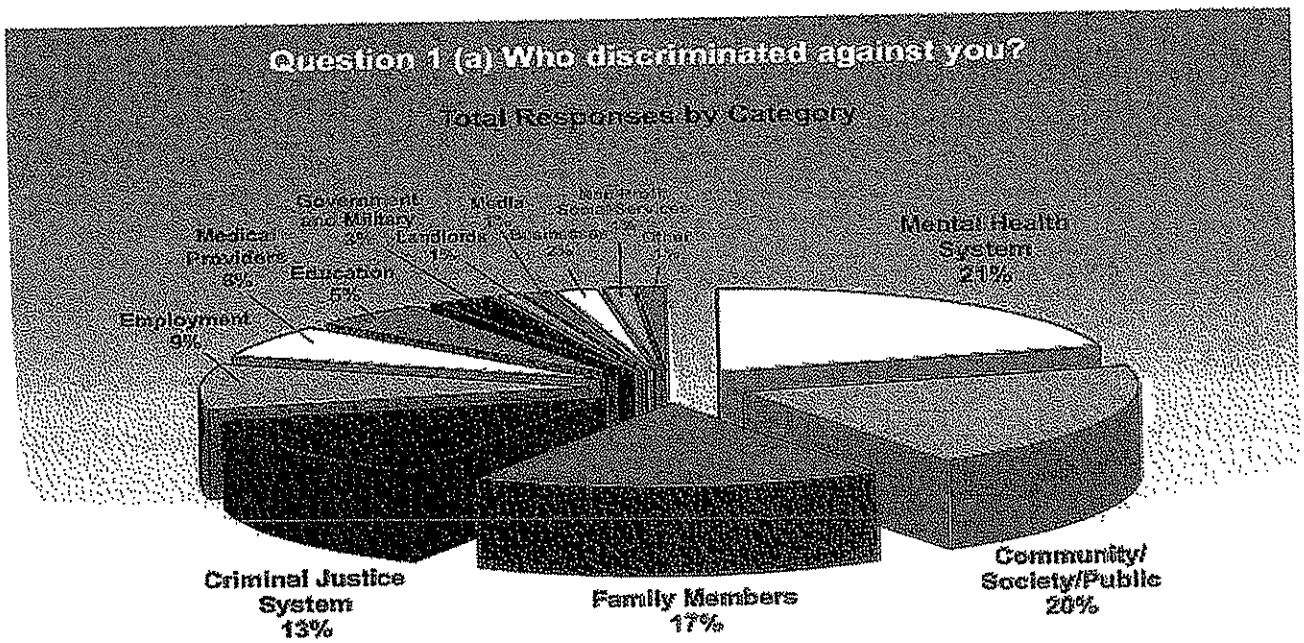
[38]

Youth with mental or physical disabilities report experiences of discrimination at school:

- 5% of 11th graders reported that they were harassed on school property at least once in the past 12 months because of their mental or physical disability.[39]

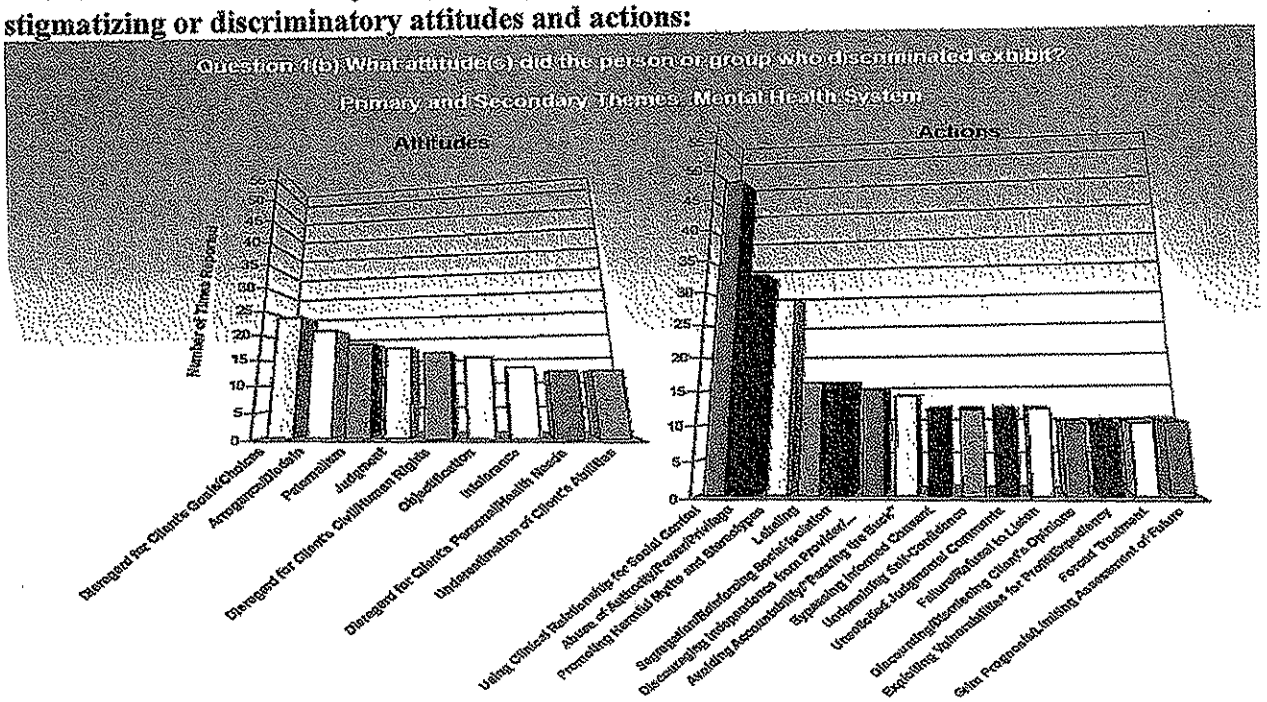
Due to the limitations of the data for Yolo County, the following data is from a focus group study on stigma and discrimination conducted in 2003-2004 in the San Francisco Bay Area that involved 249 mental health consumers.[40]

Discrimination against persons with mental illness is common and perpetrated by a wide variety of individuals and systems:



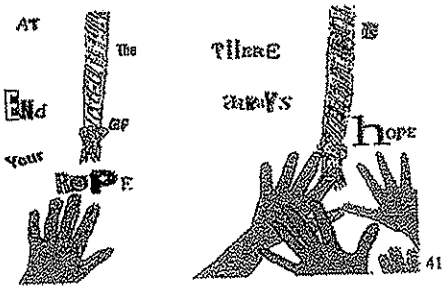
The above graphic displays the responses of focus group members regarding the sources of discrimination they have experienced. The top 5 sources of discrimination were: 1) The mental health system; 2) Community/society/public; 3) Family members; 4) The criminal justice system; and 5) Employers.

Within the mental health system, focus group participants described experiencing the following stigmatizing or discriminatory attitudes and actions:



The above graphic displays the types of attitudes and actions focus group participants experienced as discriminatory. The top 3 discriminatory attitudes, based on number of times focus group members reported them were: 1) Disregard for client's goals/choices; 2) Arrogance/disdain; and 3) Paternalism. The top 3 discriminatory actions based on number of times focus group members reported them were: 1) Using clinical relationship for social control; 2) Abuse of authority/power/privilege; and 3) Promoting harmful myths and stereotypes.

Suicide Risk



Suicide in California:

- There were 3,206 suicides in California in 2005, and the statewide rate was 8.9. California ranked 42 out of 51 states (including the District of Columbia) in suicide rate.[42]

Suicide in Yolo County*:

- In the 5-year period from 2001-2005, there were an average of 14 deaths from suicide each year.[43]
- In 2005, there were 9 deaths from suicide. All of these individuals were male.[44]
  - By age, these individuals were: 15-24 (2); 25-34 (1); 35-44 (2); 45-54 (0); 55-54 (2); 65-74 (0); 75-84 (1); 85-99 (1).
  - By race/ethnicity, these individuals were: White (7); Asian/Pacific Islander (2)
- Yolo County's suicide rate of 7.3 per 100,000 is lower than the statewide rate, but it does not yet meet the Healthy People 2010 National Objective of 4.8 per 100,000.[45]
- In 2004, Suicide/self-inflicted injury was tied for first place with accidental falls for the leading cause of fatal injury requiring hospitalization. It was third for the leading cause of non-fatal injury requiring hospitalization.[46]
- Between 2003-2006, 8 UC Davis students committed suicide, and UC Davis had a higher rate of suicide than other UC campuses.[47]

Underserved Cultural Populations

Percent of anticipated service users who received community mental health services in 2004, based on number of people in the population with incomes at or below 200% of the poverty level[49]:

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* The information on suicide presented in the last report from the Minutes of the Yolo County Board of Supervisors meeting held on September 6, 2005 (see March 10 report reference section) was erroneous; please disregard it.

- Individuals who do not speak English: 15%
- Hispanic/Latino: 27%
- Asian/Pacific Islander: 17%
- Caucasian: 57%
- Native American: 136%
- African American: 141%

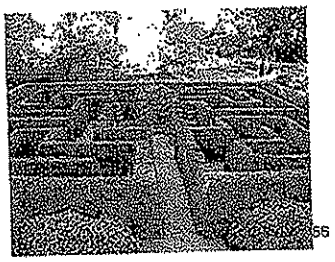
Though this data may suggest that some populations are being "under" or "over" served, it is important to reflect on the meaning behind these numbers. Populations vary in the stressors they encounter, access to mental health services, and beliefs about mental health/illness.

Other data related to underserved cultural populations *(some data is copied from other sections of this guide for easy reference):*

- About 90% of Latino children ages 0-18 have regular access to a primary care doctor as compared to 93% of Asian children and 96% of White children*. Lack of access to a primary care doctor may influence mental health service use because primary care doctors frequently screen for mental health problems.[50]
- In 2002, Spanish-speaking survivors of domestic violence reported a general lack of counseling services available in Spanish, and further noted that many social workers who speak Spanish do not speak Mexican Spanish, and that was identified as an additional language barrier.[51]
- In 2002, Hmong parents involved in focus groups were unaware of the availability of any kind of services (not just mental health, but childcare and other social services as well).[52]
- Though no specific data is available about the mental health needs of Russian refugees in Yolo County, isolation, depression, and anxiety have been a concern for this population.[53]
- Racial/ethnic disparities exist in child welfare and educational outcomes for Yolo County youth:
  - In July 2007, there were 415 children involved in Child Welfare Services[54]. The racial/ethnic composition of the caseload was:
    - 47% Hispanic/Latino
    - 38% White
    - 11% African American
    - 2% Native American
    - 2% Asian/Pacific Islander
  - The overall drop-out rate for Yolo County high schools (4-year average) in school year 2005-2006 was 11.3%. The rate varied widely by race/ethnicity[55]:
    - Filipino: 5.0%
    - Asian: 5.2%
    - White: 9.0%
    - Pacific Islander: 11.1%
    - Native American: 11.4%
    - Hispanic/Latino: 14.9%
    - African American: 19.0%

* Data not available for African American children.

Individuals Experiencing Onset of Serious Psychiatric Illness



Involuntary Hospitalizations[57]:

- In Yolo County in 2004-2005, 271 adults and 0 children were placed on involuntary 72-hour hold (51-50). The rate of 72-hour hold for adults was 20.6 per 10,000, which was significantly lower than the statewide rate, 53.8 per 10,000. Also in 2004-2005, 150 adults were placed into 14-day intensive treatment, and 11 into 30-day intensive treatment.

Postpartum mothers[58]:

- In seven focus groups with 39 new mothers in Yolo County, experience of depression was a common theme, and depression was related to feelings of isolation and hopelessness.
- Some mothers described depression as a contributor to substance abuse.

Older Adults[59]:

- In 2005, 20% of residents over age 65 reported that they had experienced 5 or more days of poor mental health in the past 30 days.
- In 2001, nearly 15% of residents over age 65 reported that they did less during the day due to an emotional problem.

Caregivers of older adults[60]

- Working caregivers of older adults report significantly lower overall mental health than non-caregivers. In a study of 1396 individuals working either for Yolo County or UC Davis, 34% of caregivers reported good overall mental health over the past 30 days as compared to 60% of non-caregivers. Similarly, 20% of those with caregiving responsibilities reported poor overall mental health for 15-30 of the past 30 days, as compared to 8% of those without caregiving responsibilities. The greater the caregiving demand, the greater the impact on mental health. 12% of those with heavy caregiving responsibilities reported poor mental health every day for the past 30 days, as compared to 4% who have only occasional caregiving responsibilities.
- Despite this high level of need, caregivers were unlikely to attend support groups because they do not have the time. Respite care is thus a critical need for working caregivers.

Heavy users of alcohol and other drugs[61]:

- Misuse and abuse of alcohol and other drugs is a risk factor for experiencing serious psychiatric illness. In 2001, 15.5% of California adults ages 18 and over drank 5 or more drinks in one sitting in the past month, but in Yolo County, this number was 19.9% - almost 1 in 5 adult county residents binge drink at least once per month.

Adults Involved in the Criminal Justice System[62]:

- In 2004-2005, 659 adults detained in Yolo County jails received outpatient mental health services.

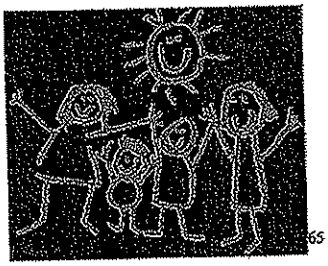
Youth and young adults at risk of psychosis[63]:

- 71 youth are currently being served in the EDAPT* early psychosis program at UC Davis.
- The average age of clients is 19.6 years old, with an age range of 11-34.
- 80% of EDAPT's clients are in school or working.
- 63% of the clients are males.
- The current clients are: 59% White, 18% African American, 8% Asian, 7% Hispanic/Latino, and 7% two or more racial/ethnic groups.

Youth and young adults with serious mental illness receiving County Mental Health Services[64]:

- In 2004-2005, for children ages 0-17, the most common diagnoses (with number of individuals in parentheses) were: conduct disorder (299), other (222), depression/mood disorder (215), and anxiety (212). 18 individuals were diagnosed with schizophrenia or other psychotic disorders.
- In 2004-2005, for youth ages 16-25, the most common diagnoses (with number of individuals in parentheses) were: depression/mood disorder (235), conduct disorder (109), anxiety (106), and other (100). 69 individuals were diagnosed with schizophrenia or other psychotic disorders.

Children/Youth in Stressed Families

 [65]

Health and poverty:

- 23% of Yolo County mothers do not get early prenatal care. The statewide average is 14%.[66]
- About 10% of Yolo County children are receiving public assistance, but that suggests that 5-6% of children living in poor households are not receiving needed assistance since about 15% of children are living in poverty.[67]
- A point-in-time count conducted on January 30, 2007 found 414 currently homeless individuals, 19% (78) of whom were children or youth under age 18. 37 families were counted. This 2007 count showed a 30% decline in Woodland and a 20% decline in Davis since the 2005 count, though the decline may partially be attributable to colder weather and differences in methodology since 2005.[68]

* EDAPT serves several youth outside of Sacramento County, including 2 from Yolo County, according to the program's administrative data.

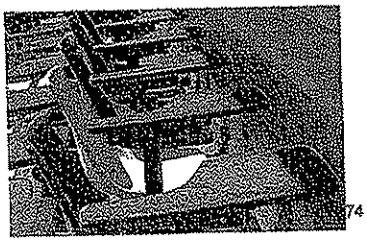
Childcare Challenges for Working Families[69]

- Lack of licensed and/or affordable childcare may contribute to family stress. Licensed childcare spaces are available for only 38% of working families with children ages 0-13. Though some families may choose to use relative caregivers or make other childcare arrangements, it is likely that many families have difficulty accessing childcare in Yolo County.
- Childcare is very expensive in Yolo County. A two-income family in which both workers are earning minimum wage will make $28,080 per year. The average licensed preschool slot costs $7,373 per year, or 26% of that family's annual income.

Child abuse:

- In 2005, Yolo County Child Welfare Services responded to 599 substantiated calls of child abuse and neglect.[70]
- The rate for child abuse in Yolo County was 11 per 1000 children in 2005, which was the same as the statewide average rate.[71]
- In July 2007, there were 415 children involved in Child Welfare Services[72].
  - The racial/ethnic composition of the caseload was:
    - 47% Hispanic/Latino
    - 38% White
    - 11% African American
    - 2% Native American
    - 2% Asian/Pacific Islander
  - The ages of the children in care were:
    - 8% under 1 year old
    - 15% 1-2
    - 17% 3-5
    - 22% 6-10
    - 27% 11-15
    - 13% 16-17
- In fiscal year 2006-2007, the number of children in care for 3 years or more, by age, was:
  - 6-10: 40%
  - 11-15: 40%
  - 16-17: 56%
  - 18: 64%
- Yolo County's rate of 9 per 1000 children living in foster care was slightly higher than the California statewide rate of 8 per 1000.[73]

Children/Youth at Risk for School Failure

 [74]

Educational difficulties appear in elementary school:

- In 2006, 54% of 2nd-graders scored below grade level in reading and 40% in math.[75]
- In 2006, 47% of 4th-graders scored below grade level in reading, and 43% in math.[76]

Difficulties persist through high school:

- In 2005, 62% of high school graduates were not prepared for college.[77]

There are significant racial/ethnic disparities in school achievement:[78]

At the elementary level:

Student Achievement: 2nd-6th Grade by Race/Ethnicity	African American	Asian	Latino	White	Other
Proficient or Advanced in English Language Arts	38%	60%	27%	62%	45%
Proficient or Advanced in Math	42%	69%	38%	65%	51%

At the middle school level:

Student Achievement: 7th-11th Grade by Race/Ethnicity	African American	Asian	Latino	White	Other
Proficient or Advanced in English Language Arts	33%	57%	26%	62%	31%
Proficient or Advanced in Math	23%	55%	20%	47%	20%

And at the high school level:

Student Achievement: High School by Race/Ethnicity	African American	Asian	Latino	White	Other
Percent of 10th-graders who passed the California High School English Exit Exam	77%	89%	66%	90%	52%
Percent of 10th-graders who passed the California High School Math Exit Exam	71%	90%	67%	89%	46%
Meet UC/CSU entrance requirements	29%	54%	19%	47%	*

The overall drop-out rate for Yolo County high schools (4-year average) in school year 2005-2006 was 11.3%. The rate varied widely by race/ethnicity[79]:

- Filipino: 5.0%
- Asian: 5.2%
- White: 9.0%
- Pacific Islander: 11.1%
- Native American: 11.4%
- Hispanic/Latino: 14.9%
- African American: 19.0%

Youth who are learning English are also at-risk of school failure:[80]

Student Achievement: High School by Language Fluency	Fluent in English	English Learner	Redesignated Fluent in English
Percent of 10th-graders who passed the California High School English Exit Exam	88%	39%	95%
Percent of 10th-graders who passed the California High School Math Exit Exam	86%	47%	94%

Yolo County Expulsion, Suspension, and Truancy Information for 2006-2007[81]

District	Enrollment*	Number of Students with Unexcused Absence or Tardy on 3 or More Days (truants)	Truancy Rate	Violence/Drug		Total Persistently Dangerous Expulsions	Number of Non-Student Firearm Incidents	Overall Total	
				Expulsions	Suspensions			Expulsions	Suspensions
Yolo County	29,434	9,192	31.23%	86	1,981	20		95	6,505
California State	5,552,811**	1,572,061	28.31%	19,599	332,235	2,595	43	28,643	770,596

* Does not include NPS data.
** Not all agencies submitted data.

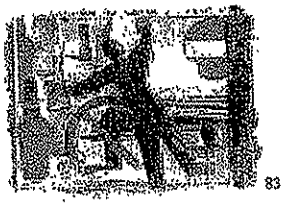
Social Services for youth in Yolo County Schools[82]:

- Between August 2007 and January 2008, 471 youth participated in the Woodland Joint Unified School District's Safe Schools/Healthy Students Program. The program provided approximately two hours of services to each youth, which included intake, assessment, collateral, and group and individual counseling.
- The table on the following page provides characteristics of students who received counseling services at Midtown Community School, which draws students from throughout the county who are at serious risk of school failure due to expulsions, truancy, and/or behavior problems.

Youth Receiving Counseling Services, 2006-07
MIDTOWN

	August 2004-June 2005	August 2005-June 2006	August 2006-June 2007
Total Number Served			
Intake only (no ongoing services)	22	27	35
Yolo County Medi-Cal	48	24	7
Grant billed for services	62	48	90
Other insurance coverage	47	16	0
History			
Expelled	90	74	113
Probation ward	28	37	79
Issues			
Anger management	84	63	119
Behavioral management	86	30	67
Special Education	10	12	11
AB3632/26,5	2	1	0
Married	1	0	0
Pregnant	2	0	0
Parenting	2	4	2
Substance Use			
Cigarettes	51	28	83
Alcohol	69	60	86
Marijuana	91	73	113
Other Drugs	13	16	21
Mental Health/Other Conditions			
Dual diagnosis	4	32	11
Medical condition	0	1	6
Current psychiatric medications	4	9	9
Need for psychiatric medication eval	16	24	9
Prior Experiences			
CPS involvement	27	27	26
Victim of sexual assault	2	0	0
Domestic violence history	25	15	21
Physical abuse	20	5	4
Sexual abuse	3	3	0
Emotional abuse	39	21	71
Neglect	34	36	56
Relationship problems	54	28	113
Parents' History/Status			
Current incarceration	6	5	15
History of incarceration	50	37	82
Mental health issues	35	16	28
Substance abuse issues	44	45	100
Financial or other stressors	41	29	51

Children/Youth at Risk of or Experiencing Juvenile Justice Involvement

 [83]

Youth crime and violence in Yolo County:

- 13% of 11th graders have been in at least 1 physical fight in the past 12 months.[84]
- 16% of 11th graders have damaged school property on purpose at least once in 12 months. 3% reported that they did it 4 or more times.[85]
- 5% of 11 graders carried a gun to school at least once in the past 12 months, and 11% carried another kind of weapon.[86]
- From fiscal year 2003-04 to fiscal year 2006-07, there was a 53% increase in the number of minors booked by the county probation department, from 766 to 1170 youth. There was also a 54% increase in the average daily population at juvenile hall, from 37 to 57 youth.[87]

Mental Health of Involved Youth:

- In 2004, 61% of youth in the Juvenile Detention Center were receiving mental health services, and 10% were receiving psychiatric medications. At the state level, 41% of youth in juvenile detention centers receive mental health services, and 16% receive medications.[88]
- In September 2007, the juvenile probation department began conducting mental health screenings at intake for all youth. Of the 245 youth screened, 28% (68 youth) were found to have potential mental health needs requiring further assessment.[89]
- The youth who "screened positive" for mental health needs were: 39% White, 37% Hispanic, 17% African American, 6% Asian/Pacific Islander, and 1% Native American.[90]
- Later assessment showed that 95% (64 youth) of the youth who "screened positive" for mental health needs had a diagnosable mental illness.[91]
- Of youth who were diagnosed with a mental illness through the juvenile department's new mental health screening process, 25% are considered at high-risk to re-offend, and an additional 25% are considered at moderate-high risk to reoffend.[92]
- 21% of involved youth's crimes were motivated by anger or a desire for revenge, and 33% were related to lack of impulse control.[93]
- 35% of youth have a mental health problem that interferes with the probation department's work.[94]
- 9% of involved youth report frequent experiences of depression or anxiety. 1% report having auditory or visual hallucinations. 8% report having self-mutilated. 8% report having no hope in the future and that life is not worth living.[95]

Other Psychosocial Needs of Involved Youth[96]:

- 77% of youth referred to the probation department have a history of alcohol abuse, and 70% have a history of drug abuse.
- Of the 80% of youth who have used alcohol, for 29%, alcohol contributed to their criminal behavior. Of the 78% of youth who have used drugs, for 30%, drugs contributed to their criminal behavior.

- Of the 78% of youth who have used drugs, 74% report that they have never received treatment, and 69% report that they have never received a referral for drug or alcohol assessment.
- 20% have been victimized at home, and 31% have witnessed violence at home.

Youth leaving the system:

- From fiscal year 2003-04 to fiscal year 2006-07, there was a 48% increase in the number of minors being released, from 776 to 1,148 youth.[97]

[98]

Many thanks to the community partners who contributed to this stakeholder guide by sharing reports, data, and comments on the first draft of these data briefs.

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6 Note that the federal poverty threshold does not account for the higher cost of living in California, so the number of persons living in poverty is likely to be underestimated. Using a calculation based on the federal poverty threshold and local fair-market rents, Deborah Reed at the Public Policy Institute of California suggests that the federal poverty threshold underestimates poverty in California by 2-3%, which varies by region: http://www.ppic.org/content/pubs/cacounts/CC_506DRCC.pdf

7 Children Now. (2007). Yolo County Data Book: http://publications.childrennow.org/publications/invest/cdb07/cdb07_home.htm

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18 Image from: http://cms.firehouse.com/web/online/Photo-Stories/Firefighters-Tackle-Manufacturing-Plant-Blaze-in-Shingle-Springs--California/45$39863

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29 Image from http://www.nimh.nih.gov/research-funding/scientific-meetings/2006/benefits-limitations-and-emerging-research-needs-in-treating-youth-with-depression/summary.shtml

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Yolo County

Prevention and Early Intervention (PEI)

Community Planning Process

Narrative Report of Findings

Submitted by California Institute for Mental Health (CiMH)

May 15, 2008

Attachment 2

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I. Introduction: The Information Gathering Process

In support of Yolo County efforts to plan for Prevention and Early Intervention services utilizing MHSA funding, a community engagement and data collection process was initiated to collect input and information from a variety of sources.

Compiled Data:

"Data Brief": A data brief was compiled for use in framing the issues pertinent to the Yolo County region and constituents. Dr. Sarah Taylor initially compiled this brief, with M. Anne Powell, MSW, PhD Candidate and Will Rhett-Mariscal, PhD (CiMH) on March 10th. An updated version on April 28th, 2008 was informed by a community stakeholder meeting on April 7th and by data sources shared by stakeholders within Yolo County *(See Attachment One, "Data Brief - Revised April 28, 2008"; Attachment Two, "Yolo County Probation Department 2008/2008 Comprehensive Multiagency Juvenile Justice Plan).*

New Data:

Key Informant Interviews (KII) – Twenty-five (25) key informant interviews were conducted, including: Eighteen (18) service providers, six (6) community members or entities (includes education), and one (1) target population (LGBT) respondent.

Focus Groups – Four (4) focus groups were conducted reaching a total of fifty (50) individuals, with ten (10) to fourteen (14) attendees per group. Focus groups were conducted in community settings to facilitate outreach and engagement of targeted ethnic and cultural communities, as well as consumers and family members (African American adult and elders community; Russian elders and Russian adult support group [AOD]; and NAMI).

Target Population Survey – One survey was conducted in Esparto at the farmers' market to outreach to the Latino community and a total of nine (9) respondents participated.

Target Populations – KIIs, Focus Groups and Surveys yielded input from specific ethnic, racial and cultural communities including: Russian; African American; Asian; tribal; LGBT. Additionally, interviewees represented homeless; TAY; adults; older adults and faith-based communities.

Methods - Interviews were conducted in person and through telephone interviews, as well as facilitating surveys distribution and receipt via fax or email, to suit the convenience of the interviewee and to maximize response rate. A survey tool was developed and used to collect data, and adapted for use with community *(see Attachment Three, Key Informant Interview-Community)*, service

providers *(Attachment Four, Key Informant Interview-Service Provider),* and target populations *(Attachment Five, Key Informant Interview-Target Population).*

Community Stakeholder Meetings – A total of eight community meetings have been held to date (through May 14, 2008), with a ninth scheduled for May 21, 2008. These meetings were open to the public, held between 5pm-8pm in county facilities in community room settings.

Three initial informational meetings were conducted in February 2008 in Woodland, Davis and West Sacramento to facilitate community awareness of the PEI planning process underway in Yolo County. These locations represent the three major cities in Yolo County. Subsequent meetings addressed: Initial Needs Assessment Reporting (March 10, 2008); Needs Assessment Update (March 27, 2008); Education on PEI Strategies and Programs (April 7, 2008); Summary of Input: PEI Strategies (April 22, 2008); and Discussion of PEI Strategies (May 5, 2008). The meeting scheduled for May 21, 2008 will address: Summary of Input; Facilitation and Consensus *(See Attachment Six, Yolo County PEI Meeting Schedule).*

II. Findings

The community input process (see Part I. above) yielded the following identified Barriers; Existing Resources and Community Strengths; Preliminarily Recommended Strategies to address barriers; Other Concerns.

a. Barriers

Isolation – There were a number of factors indicating actual or potential isolation of individuals in Yolo County who may benefit from access to services related to PEI. General barriers included: Rural geographic areas; Poverty; Limited or lack of transportation in urban and rural areas. For the elderly, in particular, there was an identified lack of health coverage for hearing aides that impacts some individuals' ability to communicate with others or to ask for help. Barriers directly related to mental health care and needs included stigma and fear of labeling related to mental illness (thereby limiting ability to access services without a diagnosis). For youth, in particular, there was acknowledgement that some youth are able to access counseling through school settings; however, are limited outside of school due to fear of "being out" (LGBT), lack of insurance (youth without family insurance, living with friends or on their own) and the requirement of parental consent for counseling services.

Funding – Two themes emerged around funding issues: Discussion of limitations to funding, both locally (e.g. for TAY) and statewide for mental health care and regarding concerns about individuals and families ability to access care due to "funding issues". For individuals and families, it was identified that some people do not meet criteria for funded services. As well, some people either have private insurance that is not comprehensive (thereby excluding needed services) or lack insurance entirely. Alternatively, there are people who may qualify for public services (e.g. Section 8), but those funds or services are "closed to applications" due to system funding limitations.

Service Delivery – According to the data, two chronic concerns related to service delivery included: Difficulty accessing services and shortage of providers.

Access barriers to services included: Lack of transportation, specifically related to public transportation in remote areas and poor frequency of transportation; Lack of awareness of existing mental health or related services, as well as poor understanding about process to access services; Stigma related to asking for assistance; Insufficient community based services; Cultural norms precluding getting "mental health" help (e.g. Latino community); Ethnic and cultural groups not feeling welcomed by existing services; and fear of repercussions to seeking formal services, specifically around "documentation" issues.

Barriers related to providers included: Lack of providers to meet specific needs, such as psychiatrists to work with geriatric community issues ("only one Medicare psychiatrist" per one KII); Inadequate referral resources in communities

to meet needs; Fragmentation of existing services, with poor communication between providers; and a sense of people who could benefit from services *not* being identified for services (i.e. maternal depression impacting care of infants, but no treatment offered).

Lack of Services - Additional barriers identified were related to families with children. Specifically, low-income, new immigrants and those families with generational gang involvement were of concern to those providing community input.

An absence of providers to provide prevention and early intervention services to families with infants and young children "at risk" - or for those young children experiencing psycho/social/behavioral problems who may benefit from early childhood mental health services at onset – was identified. Outreach to parents of such children also was felt to be absent. Engagement of school staff, counselors and administrators in being "at the table" for planning mental health care was considered critical as schools are ready points of access for reaching children in need. It was also noted that children exhibiting behavioral issues tended to be the primary beneficiaries of school-based services (e.g. truancy programs) and there was a lack of community resources to refer all children to outside of school.

In particular, transition-age youth (TAY) programs were felt to be lacking among community-based organizations. There was also reported to be an absence of mental health services, one-on-one counseling, substance abuse counseling and intervention, family / parent counseling, counseling related to gang involvement and depression. The absence of such services was believed to contribute to an increased likelihood that youth will enter the juvenile justice system or that their mental health problems would intensify.

Other notable concern – It was a noted concern that the community perceives Probation as Law Enforcement; thereby impacting community trust in and reliance on probation.

Need for Culturally Relevant Services – Language barriers posed a large cultural barrier for individuals and families. Specifically, challenges identified included: Difficulty "finding" (employ, enlist help of) individuals who speak the language of those seeking help; Need for children to interpret for parents with providers; and a need to provide interpreter training and quality assurance.

Immigration and refugee issues also were identified as cultural concerns, particularly related to the Post-Traumatic Stress Disorder (PTSD) experienced by many individuals in refugee or immigrant communities.

Ethnic- and cultural-specific services were also reported as necessary (e.g. Drug treatment for Latinos, group homes for Russians, LGBT youth).

b. Existing Resources / Community Strengths

Following is an inventory of: Agencies; Programs; Strategies; Funding sources; Staffing and Training assets existing within Yolo County. These were reported by stakeholders and may be considered for leveraging future services.

Agencies

Family Service Agency
CASA
Communicare
Yolo Family Resource Center (with bilingual, bicultural staff)
Esparto Family Practice
First 5 Yolo Children and Families Commission
Yolo County Children's Alliance
Yolo ADMH
Winters Healthcare Foundation
RIZE, Inc.
Yolo Crisis Nursery
Suicide Prevention Agency
FamiliesFirst, Inc.

Programs

DESS – ILP for TAY
Youth MIOCR program
The Gay-Straight Alliance (GSA) clubs in all large high schools except West Sacramento – create supportive environment for lesbian, gay, bisexual, transgender and allied youth at school.
Teaching Tolerance curriculum from Southern Poverty Law Center – provides good activities for school sites to teach respect for all youth.Same is true of Gay-Straight Alliance (GSA) Network in SF.
"Adopt a social worker" (and their caseload!) happens in some churches.
NAMI "Beginnings" newsletter for children and families.
UC Davis
Sacramento City College - has satellite campuses in Yolo County.
Woodland Community College
Faith Communities
Grace In Action
Families and Self Help in West Sacramento
Older Adult Mobile Access Team
Older Adult Program
Eleanor Roosevelt Circle
Rehab House in Russian Community in West Sacramento
Wellness Center
Collings Teen Center, West Sacramento (not a program, but could serve as an access point for services)
Slavic Parents Association
School District Mental Health Services-

Special Education

School District Mental Health Services (continued)

Outreach for truancy and substance abuse
Counseling at one school through partnership with CSUS
Parenting and substance abuse classes
Access to Counseling without parental consent while on school (k-12) campuses
Prevention Program in school
Parenting classes: Parent Project through Davis Police Department and FRCs; Court-mandated for parents (FSA and Families First); Communicare; FRC (Plan to lead, Pi, Mega skills, Teen Parent classes; County (Nurturing Parenting, Making Parenting a Pleasure).
Woodland Truancy Mediation referred to FRC
Davis Truancy Program

Existing Strategies

Partnerships with community-based organizations (CBOs)
People use church for help in crises
Probation case-management with youth
Probation now doing mental health screen on every referral who could go to juvenile hall
Parent-Child Interactional Therapy (PCIT)
Good rapport of agency with schools, police departments and hospitals
Parent groups, information groups, 24/7 crisis lines for suicide prevention/intervention.

Funding Sources

First 5 Children and Families Commission
Access to SSI, MediCal, Medicare
Individual community donations fund Christmas program.
Child Protective Services (CPS) and other resources have received grants to support auxiliary services for families.
Davis Community Foundations
United Way
Winters Healthcare Foundation

Staff

Public Health Nurses, Nurses with mental health expertise
Student volunteer for services
Bilingual/Bicultural staff at Family Service Agency and Family Resource Center.

Training

UCD infant mental health training (from Napa)
NAMI Provider Training Program

Migrant education for children, emancipated youth and parents; health and social welfare services, capacity building focus.
CAARES Providers Training – UCD

c. Strategies

Outreach – Recommended outreach provided in the stakeholder process revolved around the concept of outreach to "where people are, instead of having them come to you." Ideas for successful outreach included home visits; use of community-based outreach workers; stationing of staff in rural areas; development of school-based services for youth and parents; and noted adolescents and college-age youth are most important for establishing improved ways to outreach, demystify and de-stigmatize asking for help.

Additionally, integration of mental health care into primary health care settings and use of the UCD PCIT training

Engagement in Services – Stakeholders provided the following recommendations relative to engagement of individuals, families and communities in mental health services: Use of relation-based approaches, family centered services, building rapport with consumers. Case-management services and peer support groups in communities were suggested vehicles for engaging people in care, as well as potential partnerships with ADMH and community agencies with Probation. Important nuances in how services are delivered to increase engagement addressed the need to "be there when people ask for help" and to provider for "walk-ins". Promotoras in Winters was also specified as important for engagement.

Providing training and education related to Stigma – In order to reduce the stigma experienced by those seeking, receiving or who may benefit from services, the following recommendations were made: Have education ready for families of children and for children with identified needs; Provide data and statistics to further community education; Provide education to reduce harassment of LGBT youth beginning in grade school, through high school; and Providing education via health fairs and community events.

Training of non-mental health professionals – The need for training in a variety of settings underscored the relevance of various disciplines and professions to be poised to refer those in need of mental health care. Schools, childcare settings teachers, school counselors, psychologists, foster parents, special education teachers and parents were initially identified. Additional targeted professionals for training to recognize mental health symptoms included: Primary care physicians, pediatricians, nurses and home visitors. Promotoras was, again, specified as a critical method to be utilized.

Provision of Culturally Appropriate Services – This area of concern addressed needs for culturally relevant services. Specifically: Interpreters for Russian

speaking, Pakistani, Urdu/Punjab communities; Support groups for LGBT youth and adults; Social acceptance of LGBT community members and organizations; Rural-specific design of rural services; and community-based cultural competence were recommended strategies.

Recommended Types of Services - Recommendations included One-Stop services; Evidence-based practices (EBP); Non-literacy based services; After school programs; Strength-based care; and Adult Protective Services workers who could assist when older adults are exploited to decrease risk of exploitation and prevent elder abuse.

System-level Recommendations – Stakeholders encouraged the development of relations, collaborations and coordination between agencies and schools, as well as between agencies and community. Provision of local services, flexible services and tapping into existing agency expertise was also promoted. A practical first step for the stakeholders, themselves, was for the county to share the roster of attendees in the planning process to facilitate networking.

Additional Strategies to leverage funding, partnerships and programs included: Leveraging MHSA money with First 5 funds; Working with transportation programs to coordinate services among special needs populations; Linking EDAP with UC Davis; Transferring two (2) CSS programs into the PEI category (Older Adults and early detection of depression) and use CSS funds for employment services; and considering prevention services for children who reside in RCL 14 and below.

d. Other Considerations related to Strategies - The following questions and concerns were also posed in the stakeholder process related to strategies:

- Probation not funded under Yolo CSS.
- Will CBOs really have a chance to receive funding under MHSA PEI?
- Parentification of children is a big contributing factor to "infant, children and youth in stressed families" and can lead to behavior issue for youth.
- Increased resources needed to help people learn English.
- Employment needs of community.
- Imperative to take resources into account when planning mental health services.
- Need for LGBT-affirming youth development opportunities.

III. Synthesis of Findings

a. Key Community Needs

Community members, community organizations and service providers all identified the following needs in the same order of priority: Disparities in Access; Stigma and Discrimination (Mental Health); Psychosocial impact of Trauma; At-risk infants, children and youth and TAY; Suicide Risk.

b. Age Focus of Key Community Needs

Community members, community organizations and service providers all identified the following age groups:

Community Members and Organizations:
TAY (16-25 years)
Infant, children and youth (0-15)
Adults (26-59)
Older Adults (60+)

Service Providers:
Infant, children and youth (0-15)
TAY (16-25 years)
Adults (26-59)
Older Adults (60+)

c. Priority Populations

Community members, community organizations and service providers all identified the following priority populations:

- Children, youth and TAY at risk for/experiencing juvenile justice involvement
- Children, youth and TAY at risk for school failure
- Individuals exposed to Trauma
- Infants, children and youth in stressed families
- Individuals with First Onset of Serious Psych. Illness
- Underserved Cultural Populations

Age groups for the Priority Populations were identified as:

- TAY (16-25)
- Infants, children and youth (0-15)
- Adults (26-59)
- Older Adults (60+)

IV. Summary Key Needs and Priority Populations

Based upon the community input and needs assessment conducted in the community planning process the following Top Key Community Mental Health Needs were identified to be:

- Disparities in Access (Rural areas; Lack of insurance; Lack of transportation; Lack of awareness of services; Lacking services, providers and staff);
- Stigma and Discrimination (within cultural communities [Russian, Latino, LGBT] as well as mental health); and
- Psychosocial impact of Trauma (victims of assault, child and elder abuse; domestic violence, refugees).

Based upon the community input and needs assessment conducted in the community planning process the following Primary Age Groups were identified relative to the Community Mental Health Needs: TAY (16-25 years) and Infants, children and youth (0-15).

In summary, priority populations were found to be:

- "Children, youth and TAY at risk for /experiencing juvenile justice involvement" that include youth experiencing behavioral and substance abuse problems and not getting help;
- "Children, youth and TAY at risk for school failure" that include those requiring services not available at school or in the community;
- "Individuals exposed to Trauma" which includes victims of assault, child and elder abuse, domestic violence, refugees;
- "Infants, children and youth in stressed families" including those lacking prevention services, within isolated families experiencing stress and those with parents who are currently receiving mental health treatment or otherwise "in the system";
- Individuals with First Onset of Serious Psych. Illness, noting those without access to medical care who are less likely to have their symptoms of mental illness recognized;
- Underserved Cultural Populations, noting families and individuals unaware of services and those needing mental health education.

The age groups are, as previously noted, prioritized to be TAY (16-25) and Infants, children and youth (0-15).

Stakeholder Inclusion in Yolo County PEI Planning Process

Current as of 04-07-08	METHOD OF INCLUSION			
POTENTIAL STAKEHOLDERS:	INVITED TO ATTEND STAKEHOLDER MEETINGS	KEY INFORMANT INTERVIEW/S (KII)	FOCUS GROUPS	COMMENTS
SOCIAL SERVICES				
American Red Cross	X			
Food Bank	X			
Sexual Assault & DV Center	X	X		In Process
Suicide Prevention	X	X		Interviewed KII
Short Term Emergency Aid Comm	X			
Progress Ranch Tx Services for Children	X			
No Cal Children's Therapy Center	X			
Yolo Family Service Agency	X	X		Interviewed KII
Yolo Family Resource Center	X	X		Interviewed KII
Latino Family Resource Center (Woodland)	X	X		In Process
Yolo County YMCA	X			
Woodland Youth Services	X			
Yolo Co CASA	X			
Yolo Hospice	X			
Yolo Wayfarer Center Christian Mission	X	X		Interviewed KII
California Children Services, YC	X			
Older Adult Outreach Program Call for Care Line				
Telephone Reassurance Program, Davis Sr Ctr	X	X		Interviewed KII
Area Agency on Aging	X	X		Interviewed KII
TRIAD				
Refugee Social Services				
Regional Centers (Alta/Woodland)	X			
Emergency services	X			
Yolo County Hlth Dept. Maternal /child	X	X	X	Interviewed KII
Yolo Co Health Dept, Health Educator	X			
Health Education Council	X			
APS	X			
CPS	X	X		Interviewed KII
Yolo Co CalWORKS/TANF	X			
Tribal TNF (Woodland)	X	X		In Process
WIC	X			
LAW ENFORCEMENT				
Co CJ	X			
Courts	X			
Juv/adult prob	X	X		Interviewed KII
Judges/pub def	X			
CIT	X			
Sheriff	X			
Local Police Departments	X			
CHP	X			
RECOMMENDED by DMH Guidelines				
Community FRC (see above)	X			
Employment				
Media				
OTHER				
Funders				
United Way	X			
Winters Healthcare Foundation	X			
1st 5	X	X	X	Interviewed KII
Davis Community Foundation	X			

Stakeholder Inclusion in Yolo County PEI Planning Process

Current as of 04-07-08	METHOD OF INCLUSION			
POTENTIAL STAKEHOLDERS:	INVITED TO ATTEND STAKEHOLDER MEETINGS	KEY INFORMANT INTERVIEW/S (KII)	FOCUS GROUPS	COMMENTS
REQUIRED by DMH Guidelines				
UNDERSERVED COMMUNITIES:				
American Indians (2,000)	X	X		Interviewed KII
Hispanic/Latino (55,000)	X	X		Interviewed KII
API (17,000)	X			Interviewed KII
African/African Amer 3,500)	X	X		In Process
				Focus Groups and
Russian (2000+?)	X	X	X	KII
LBGT	X	X		Interviewed KII
EDUCATION:				
U.C. Davis	X			
Satellite Comm Colleges				
Woodland City College (Sutter-Yuba College satellite)	X			
Davis -- (Sac City College satellite)	X			
Co Office of Ed -- SELPA Director	X	X		In Process
School Districts	X	X		Interviewed KII
Migrant Education, Reg II (Woodland)	X	X		Interviewed KII
Safe Schools	X	X		In Process
School Counselors	X	X		In Process
Head Start	X	X	X	Interviewed KII
INDIVIDUALS W/SERIOUS MI AND/OR THEIR FAMILIES:				
Adults	X			
Older Adults	X			
TAY	X			
				Focus Group
NAMI	X	X	X	Interview
Caregivers of TAY -- foster care	X			
TAY Parents	X			
PROVIDERS OF MH SERVICES:				
YCCC	X			Interviewed KII
Families First	X			
Telecare	X			
Turning Point	X	X		Interviewed KII
A/D Tx Centers				
Cash Creek Lodge Residential	X			
John H. Jones Day Tx (Preg Women)	X			Interviewed KII
HEALTH:				
Community Clinics				
Chappa - De FQHC	X	X		In Process
Winters FQHC	X			
Communicare FQHC	X	X		Interviewed KII
Rise (Rural Improvement Social Enterprise)	X	X		Interviewed KII
Yolo Co Indigent Healthcare	X			
School Health Services	X	X		In Process
Public Health	X	X		Interviewed KII
Sutter West Medical Group	X	X		In Process
Woodland Healthcare	X	X		In Process
Kaiser (Davis location)	X	X		In Process

DEPARTMENT OF ALCOHOL, DRUG AND MENTAL HEALTH

Kim Suderman, Director

ADMINISTRATION
137 N. Cottonwood Street, Suite 2500
Woodland CA 95695
Office – 530-666-8516
Fax – 530-666-8294

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

MENTAL HEALTH SERVICES ACT: PREVENTION AND EARLY INTERVENTION COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN

To all citizens, residents and interested stakeholders, Yolo County Department of Alcohol, Drug and Mental Health Services, in accordance with the Mental Health Services Act, is publishing this Notice of 30-Day Public Comment Period and Notice of Public Hearing regarding the above-entitled document.

The public comment period will begin on Tuesday, December 23, 2008 and end at 12:00pm (Noon) on Thursday, January 22, 2009. Interested persons may provide written comments during the public comment period. **Written comments and/or questions should be addressed to Kim Suderman, Director, or Joan Beesley, MHSA Coordinator, 137 N. Cottonwood Street, Suite 1530, Woodland, CA 95695.**

A public hearing on this matter will be held by members of the Yolo County Mental Health Board on Thursday, January 22, 2009, at 5:00 p.m., at DESS Community Room 167, 25, N. Cottonwood Street, Woodland, California. All interested stakeholders are encouraged to attend this public hearing.

If you would like to review the *Prevention and Early Intervention Component of the MHSA Three-Year Program and Expenditure Plan* on the Internet, follow this link at the Yolo County website: http://www.yolocounty.org/Index.aspx?page=993. A link to the document is also posted at www.namiyolo.org. A printed copy of this document is available at the reference desk of all public libraries in Yolo County and in the public waiting areas of these Yolo County offices, during normal business hours:

- Mental Health Offices, 137 N. Cottonwood Street, Woodland.
- Mental Health Offices, 600 A Street. Davis.
- Mental Health Offices, 800-B Jefferson Boulevard, West Sacramento.
- MHSA Wellness Center, 825 East Street, Suite 302, Woodland.
- MHSA Transition-Age Youth Center, 825 East Street, Suite 123. Woodland.
- Yolo County Administration Building, 625 Court Street, Woodland.
- Yolo Co. Dept. of Social Services "One-Stop" Center, 25 N. Cottonwood, Woodland.

To ask for a copy of the plan to be mailed to you, or to request accommodation or translation of either of these documents into other languages or formats, contact **Violet Menendez** at 530-666-8547, no later than 5:00 p.m. on Friday, January 16, 2009.

Par asistencia en Español llame a Carmela Luna al (530) 666-8632 or 916-375-6350.

За помощью с переводом на русский язык звоните Светлана Шраменко по телефону (530) 666-8634 или (916) 375-6350.

Attachment 4

PROOF OF PUBLICATION
(2015:5 C.C.P.)

STATE OF CALIFORNIA
County of Yolo

The Daily Democrat

A newspaper of general circulation, printed and published daily in the City of Woodland, County of Yolo, and which newspaper has been adjudged a newspaper of general circulation by the Superior Court of the County of Yolo, State of California, under the date of June 30, 1952, and in accordance with the provisions of Title 1, Division 7, of the government Code of the State of California; that the notice, of which the annexed is a printed copy (set in type not smaller than nonpareil) has been published in each regular and entire issue of said newspaper and to in any supplement thereof on the following dates to-wit:

December 25th, 2008

All in the years 2008

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Date at: Woodland
California, this 25th, day of December, 2008

Marolyn Burton
Signature

This space is for the County Clerk's Filing Stamp

Proof of Publication of

ALCOHOL, DRUG & MENTAL HEALTH

PUBLIC NOTICE

NOTICE IS HEREBY GIVEN that the 30-day public review period has begun for the *Mental Health Services Act: Prevention and Early Intervention Component of the Program and Expenditure Plan*. This public examination period will end January 22, 2009 with a public hearing.

NOTICE IS HEREBY GIVEN that a public hearing will be held by the Yolo County Mental Health Board on Thursday, January 22, 2009, at 5:00 p.m., at DESS Community Room 167, 25 N. Cottonwood Street, Woodland, California, for the purpose of receiving public comment on the plan associated with the Prevention and Early Intervention Component of the MHSA Plan. Interested persons may provide written comments and/or attend the public hearing. Written comments and/or questions should be addressed to Kim Suderman, Director, or Joan Beesley, MHSA Coordinator, 137 N. Cottonwood Street, Suite 1530, Woodland, CA 95695.

A copy of this plan is available on the Internet, at the Yolo County website: http://www.yolocounty.org/index.aspx?page=993. A link to the document is also posted at www.namiyolo.org. Printed copies are available at the reference desk of all public libraries in Yolo County and in the client waiting areas of all service centers of the Department of Alcohol, Drug and Mental Health Services, during normal business hours.

For office locations, to ask for a copy of the plan to be mailed to you, to request accommodation or translation of either of these documents into other languages or formats, or for answers to other questions, contact Violet Menendez at 530-666-8547, no later than 5:00 p.m. on Friday, January 16, 2009.

PROOF OF PUBLICATION

Attachment 5

Yolo County
Department of Alcohol, Drug and Mental Health Services
137 N. Cottonwood Street, Suite 1530
Woodland, CA 95695
Telephone: 530 666-8547

Mental Health Services Act (MHSA) / Prop. 63

PREVENTION AND EARLY INTERVENTION COMPONENT
Three Year Program and Expenditure Plan

30 DAY PUBLIC COMMENT FORM

Public Comment Period—December 23, 2008 to January 22, 2009

PERSONAL INFORMATION (optional)

Name: _____

Agency/Organization: _____

Phone Number: _____ Email address: _____

Mailing address: _____

MY ROLE IN THE MENTAL HEALTH COMMUNITY

___Client/Consumer
___Family Member
___Education
___Social Services
___Service Provider
___Law Enforcement/Criminal Justice
___Probation
___Other (specify) _____

WHAT DO YOU SEE AS THE STRENGTHS OF THE PLAN?

IF YOU HAVE CONCERNS ABOUT THE PLAN, PLEASE EXPLAIN

Please note:
Mail or hand deliver to above-noted address no later than Noon on Thursday, January 22, 2009.

Attachment 6

MHSA PREVENTION AND EARLY INTERVENTION COMPONENT
30-DAY PUBLIC REVIEW
SUMMARY AND ANALYSIS
OF SUBSTANTIVE RECOMMENDATIONS FOR REVISIONS

During the 30-day public review period, one letter, from CommuniCare Health Centers, was received by the Director of Yolo County Department of Alcohol, Drug and Mental Health Services. In this letter, the agency opined that the involvement and engagement of underserved communities in the PEI planning process had not been meaningful in that "the draft plan was published with disregard to the evidence-based research, data and suggestions that we submitted." The letter stated, "Community-based primary health care clinics are uniquely positioned to increase prevention and intervention of Mental Health illness," and suggested that Yolo County ADMH invest in integrating mental and primary health care as a multi-year PEI project.

Yolo County ADMH thanks CommuniCare Health Centers for its thoughtful correspondence with regard to Prevention and Early Intervention programming; this department will take into consideration the information and opinions included therein as the Requests for Proposals for PEI programs are developed.

BOARD OF SUPERVISORS
Yolo County, California

To: CAO
Co. Counsel
Auditor
Human Resources
General Services
ADMH ✓

CONSENT CALENDAR

Excerpt of Minute Order No. 09-50 Item No. 2.14, of the Board of Supervisors' meeting of February 24, 2009.

MOTION: Rexroad. SECOND: Thomson. AYES: Thomson, Rexroad, Provenza, Chamberlain, McGowan.

2.14 Approve the submission of Yolo County Mental Health Services Act Prevention and Early Intervention component of the Three-Year Program and Expenditure Draft Plan proposal to be submitted by Yolo County Alcohol, Drug and Mental Health to the California Department of Mental Health for $1,439,700 for the period of July 1, 2007 through June 30, 2009. (No general fund impact; Mental Health Services Act funds) (Suderman)

Recommended Action 2.14

Approved on Consent

2.15 Approve amendment to agreement with Catholic Healthcare West Memorial Foundation (Woodland Memorial Hospital) for $123,540 for fiscal year 2007/08 and $225,000 for fiscal year 2008/09 (total $348,540) to increase the maximum compensation and extend the term of the agreement from July 1, 2004 through June 30, 2009. ($123,540 general fund impact for 2007/08, accounted for in the department's overall $7.5 million deficit; budgeted $225,000 in state managed care and realignment funds for 2008/09) (Suderman)

Recommended Action 2.15

Approved on Consent by **Agreement No. 09-13**

Attachment 8