

**YOLO COUNTY
Mental Health Services Act (MHSA)**

**Innovation Component
of the MHSA Program and Expenditure Plan**

YOLO COUNTY MENTAL HEALTH SERVICES ACT INNOVATION PLAN

EXHIBIT A

INNOVATION WORK PLAN
COUNTY CERTIFICATION

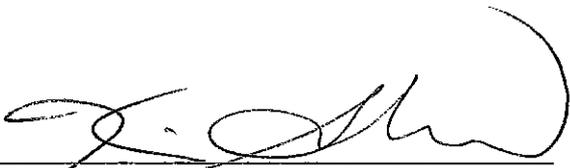
County Name: YOLO

County Mental Health Director	Project Lead
Name: Kim Suderman	Name: Joan Beesley
Telephone Number: (530) 666-8651	Telephone Number: (530) 666-8536
Email: Kim.Suderman@yolocounty.org	E-mail: <u>Joan.Beesley@yolocounty.org</u>
Mailing Address: Yolo Co. ADMH Administration 137 N. Cottonwood St., Suite 2500 Woodland, CA 95695	Mailing Address: Yolo Co. ADMH Administration 137 N. Cottonwood St., Suite 2500 Woodland, CA 95695

I hereby certify that I am the official responsible for the administration of public community mental health services in and for said County and that the County has complied with all pertinent regulations, laws and statues for this Innovation Work Plan. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code Section 5891 and Title 9, California Code of Regulations (CCR), Section 3410, Non-Supplant.

This Work Plan has been developed with the participation of stakeholders, in accordance with Title 9, CCR Sections 3300, 3310(d) and 3315(a). The draft Work Plan was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board or commission. All input has been considered with adjustments made, as appropriate. Any Work Plan requiring participation from individuals has been designed for voluntary participation therefore all participation by individuals in the proposed Work Plan is voluntary, pursuant to Title 9, CCR, Section 3400 (b)(2).

All documents in the attached Work Plan are true and correct.



Signature (Local Mental Health Director/Designee)

October 24, 2011

Date

Director

Title

YOLO COUNTY MENTAL HEALTH SERVICES ACT INNOVATION PLAN

EXHIBIT B

**Innovation Work Plan
Description of Community Program Planning and Local Review Processes**

County Name: YOLO

Work Plan Name: Yolo Local Innovation Fast Track Grant Program—"Yolo L.I.F.T."

Instructions: Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this Annual Update.

I. Briefly describe the Community Program Planning Process for development of the Innovation Work Plan. Include the methods for obtaining stakeholder input.

The Innovation Component of MHSa was addressed at several general stakeholder meetings in 2009 and 2010. Attention was given to explaining the Innovation Requirements, and an idea form was widely distributed to encourage stakeholders to bring forward their ideas; however, these early efforts generated only a few ideas and no specific plan, due in part to the overall economic difficulties. Early in FY 11-12, facing the threat of reversion of Innovation funding, stakeholders revisited Innovation planning with a renewed sense of purpose. In the August meeting, stakeholders embraced the idea of using "mini-grants" to support community stakeholders in their efforts to rapidly introduce innovative programs, services and activities to the community. Following a local survey specifically focused on the Innovation Plan wherein stakeholders offered feedback on service gaps and needs, successful novel programs in other counties, and which programs they would implement if given the opportunity, a program centering on using grants to introduce MHSa Innovations began to take shape.

Stakeholder surveys reflected various trends, such as the need for programs that facilitate navigation/access, expansion of wellness center services, coordinated supported employment programs, and the expansion of culturally focused services. Although the survey proposed small grants of up to \$50,000, some providers expressed that larger innovative programs would require more funding and would need to extend past the current fiscal year in order to generate meaningful outcomes. Using ideas from the Innovation Survey, stakeholder feedback, and observations from subsequent MHSa Stakeholder meetings in September, plus the overall pressing need for rapid implementation, the Yolo Local Innovation Fast Track Grant Program was developed. Stakeholders unanimously approved the conceptual framework for the MHSa Innovation Plan at the September 22, 2011 Stakeholder Meeting in Woodland. The draft Innovation

YOLO COUNTY MENTAL HEALTH SERVICES ACT INNOVATION PLAN

Plan was presented to stakeholders for their review and comment commencing September 23, 2011. Funding for the Yolo County MHSA Innovation Component has already been forwarded to Yolo County ADMH by the State of California, in accordance with the provisions of the Mental Health Services Act. Yolo County ADMH anticipates the initiation of implementation of the Yolo Local Innovation Fast Track Grant Program within 30 days after all appropriate local approvals have been obtained.

II. Identify the stakeholder entities involved in the Community Program Planning Process.

The following agencies and individuals have received notification of all stakeholder meetings referenced above and have been forwarded all reference information, including the Innovation Idea form and the Innovation Surveys. Surveys were distributed throughout the community but respondents remained anonymous. Many of these agencies participated in the stakeholder meetings that contributed to the development of this plan.

Participating agencies and individuals:

- Local Consumers and Family Members (all who requested notification)
- Yolo County Local Mental Health Board
- NAMI Yolo County and Yolo CANVAS
- First 5 Yolo (Children and Families Commission)
- Yolo County Public Guardian
- Yolo County Public Defenders Office
- Yolo County Probation Department
- Yolo County Department of Employment and Social Services
- Yolo County Health Department
- Yolo County Board of Supervisors
- Yolo County Office of Education
- Yolo County Superior Court
- Yolo County Sheriffs
- Yolo County Children's Alliance
- City of West Sacramento
- Woodland Joint Unified School District
- Washington Unified School District
- Davis Joint Unified School District
- Winters Joint Unified School District
- Esparto Unified School District
- Alta Regional Services
- Area 4 on Aging
- Suicide Prevention of Yolo County (provider agency)
- Turning Point Community Programs and Pine Tree Gardens (providers)
- Yolo Community Care Continuum (provider agency)
- CommuniCare Health Centers (provider agency)
- Rural Innovations in Social Economics, Inc. (R.I.S.E.) (provider agency)

YOLO COUNTY MENTAL HEALTH SERVICES ACT INNOVATION PLAN

Telecare, Inc. (provider agency)
Yolo Family Resource Center (provider agency)
Yolo Family Service Agency (provider agency)
EMQ-FamiliesFirst (provider agency)
Wayfarer Christian Mission
Broderick Christian Mission
Davis Community Meals
Yolo County Housing
Community Housing Opportunities Corporation (C.H.O.C.)
City of Davis Child Care Services
Victor Community Support Services (provider agency)
Capay Valley Vision
E. Musser, Attorney
B. Grigg, R.N., Educator
MetaHousing Corporation
California Institute for Mental Health (C.I.M.H.)
ADMH Staff and Management
Yolo County Board of Supervisors

III. List the dates of the 30-day stakeholder review and public hearing. Attach substantive comments received during the stakeholder review and public hearing and responses to those comments. Indicate if none received.

a. 30-Day Stakeholder Review/Public Comment Period

The draft document *Innovation Component of the MHSA Program and Expenditure Plan* was circulated among shareholders by posting the document on the Yolo County MHSA web page, <http://www.yolocounty.org/Index.aspx?page=993>, and a document entitled *Notice of Public Comment Period and Notice of Public Hearing*, a copy of which is included with this document as **Attachment 1**, was sent via e-mail and/or U.S. Postal Service to all stakeholders who have provided contact information, to ADMH staff, and via posting at ADMH clinic offices and the Woodland Wellness Center. An Internet link to the posted document was incorporated in the above-referenced notice, and was also posted at www.namiyolo.org.

Printed copies of the draft document were made available at the reference desks of all public libraries in Yolo County, at the Yolo County Administration Building, at the DESS One-Stop Office in Woodland, and in the client waiting areas of all service centers of the Department of Alcohol, Drug and Mental Health, during regular hours of operation.

The *Notice of Public Comment Period and Notice of Public Hearing* document was posted in all locations where copies of the draft *Innovation Component of the MHSA Program and Expenditure Plan* document were made available.

Blank copies of a public comment form were distributed to stakeholders and were included with all printed copies of the draft document in all locations where

YOLO COUNTY MENTAL HEALTH SERVICES ACT INNOVATION PLAN

the documents were made available to the public. A copy of the public comment form is included with this document as **Attachment 2**.

The availability of the draft document, duration of the public comment period and details of the public hearing were noticed in two local newspapers of general circulation, the [Woodland] Daily Democrat and the Davis Enterprise. A sample copy of the Davis Enterprise notice and Proof of Publication is included this document as **Attachment 3**.

b. Public Hearing

As set forth in the notice included here as **Attachment 1**, a Public Hearing on the Yolo County Innovation Component of the MHSA Plan was conducted by members of the Yolo County Local Mental Health Board on Monday, October 24, 2011, at 5:00 p.m., at the Thomson Conference Room of the Bauer Building, 137 N. Cottonwood St., Woodland, California. The Public Hearing was facilitated by Robert Schelen, Chair of the Local Mental Health Board, who was assisted by the following ADMH Staff: the Director, the Fiscal and Operations Deputy Director, the MHSA Coordinator, and Staff Interpreters for Spanish and Russian (threshold) languages. In addition to soliciting comments from the public, Mr. Schelen prompted a detailed discussion of the Innovation Plan. The Public Hearing lasted one hour, and stakeholder participation was encouraged.

c. Substantive comments

Substantive comments received during the stakeholder review period and at the public hearing were as follows:

- i. Written Comment.** During the public review period, comments were received from one stakeholder. Written comments were faxed to the MHSA Coordinator from J.F., who is a family member of a consumer, a Yolo County resident, as well as a member of the Local Mental Health Board. This stakeholder expressed the need for guidelines to direct the Innovation Request for Proposals to address the community's most pressing needs. The comments suggested the offering of three specific RFP's to establish and support the following: (1) A 23-hour crisis facility to provide prompt "holding, assessment, treatment and arrangements for step-down care"; (2) Additional Wellness Centers in West Sacramento and Davis to allow clients more opportunities to participate in daily ongoing support; and (3) sheltered workshop and supported employment services, including employment and training of consumers to provide transportation for other consumers.
- ii. Comments at Public Hearing.** At the October 24, 2011 Public Hearing, the Director of Rural Innovations in Social Economics, Inc. (RISE, Inc.), C. Wicks, requested that the fiscal restrictions for Tier Three proposals for multi-year programs be changed, removing the \$100,000 minimum and allowing for the submission of proposals for ongoing programs costing less than \$100,000. Ms. Wicks' rationale was that agencies wanting to do a

YOLO COUNTY MENTAL HEALTH SERVICES ACT INNOVATION PLAN

smaller scale program should not be precluded from responding to the RFP or required to ask for more funding than they need.

d. **ADMH Response to Substantive Comments**

Responses from Yolo County ADMH and Mental Health Services Act to those written and oral comments noted above were as follows:

- i. Stakeholder J.F. (author of the comments referenced at **3(i)** above) attended the October 24, 2011 Public Hearing and restated her comments to the Local Mental Health Board Chair and the attendees. Regarding the request to direct more funding to the most pressing needs and not to lower priorities, the attendees reviewed the proposed distribution of Innovation funding, which allows for nearly two-thirds of the L.I.F.T. Grants to be directed to ongoing programs. The MHSOAC Coordinator also noted that ideas and priorities similar to those noted by J.F. had surfaced among the stakeholders who responded to the Innovation survey (see **Attachment 4** hereto, ***Innovation Survey Results***). These priorities will be brought to the attention of the RFP review panel, in addition to the goals and objectives of the Mental Health Services Act. It was further noted that the Innovation Plan sets forth these guidelines and directs interested stakeholders and providers to parent documents from the CA Department of Mental Health (DMH) and CA Mental Health Services Oversight and Accountability Commission (MHSOAC), which documents ADMH has posted on its MHSOAC Documents web page, <http://www.yolocounty.org/Index.aspx?page=993>).
- ii. The suggestion by the Executive Director of RISE, Inc. that Tiers II and III within the Innovation Plan LIFT Grant Proposal be changed to read “Up to” the upper dollar amount, rather than setting a minimum amount within these tiers, was discussed at the Public Hearing and Local Mental Health Board. The idea, which would permit agencies to apply for smaller amounts of funding for smaller programs, was adopted. The MHSOAC Innovation Component Plan was appropriately modified to reflect this change.

e. **Community Approval of Innovation Component of MHSOAC Plan**

As previously stated at Exhibit B, Item 1 above, “Stakeholders unanimously approved the conceptual framework for the MHSOAC Innovation Plan at the September 22, 2011 Stakeholder Meeting in Woodland.” Subsequent to the 30-Day Public Review and Comment Period and the Public Hearing, the draft Innovation Plan (with the aforementioned modifications) was presented to the members of the Yolo County Local Mental Health Board at its regular monthly meeting on October 24, 2011. The Local Mental Health Board unanimously approved the MHSOAC Innovation Plan.

YOLO COUNTY MENTAL HEALTH SERVICES ACT INNOVATION PLAN

EXHIBIT C

Innovation Work Plan Narrative

Date: October 24, 2011

County: YOLO

Work Plan#: 1
Yolo Local Innovation Fast Track Grant Program—

Work Plan Name: a/k/a "Yolo L.I.F.T. Grants"

I. Purpose of Proposed Innovation Project (check all that apply)

- INCREASE ACCESS TO UNDERSERVED GROUPS
- INCREASE THE QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES
- PROMOTE INTERAGENCY COLLABORATION***
(*MORE APPROPRIATELY, PROMOTE COMMUNITY COLLABORATION)
- INCREASE ACCESS TO SERVICES

Briefly explain the reason for selecting the above purpose(s).

Since the beginning of Yolo County's MSHA General Stakeholder Process in 2005, Yolo County's Department of Alcohol, Drug and Mental Health (ADMH), its local providers, and its community stakeholders have struggled--both with the arduous MSHA planning process and with the economy, as a whole. Many local agencies in this comparatively small county had little time to devote to interpreting MSHA component requirements and participating in the extended stakeholder process. Several of the agencies have asked for opportunities to provide MSHA services, but contracts were few and competition was stiff. Unfortunately, some of those local providers are no longer in business. Without question, circumstances for initiating the Innovation Component planning process have been difficult in recent months.

Over the past many months, Yolo County ADMH has experienced difficulty composing the plan for the MSHA Innovation Component, although efforts included multiple reviews of the component requirements, asking stakeholders for ideas, and repeated attempts to promote interest in Innovation. Due in no small measure to the difficult economic conditions and the somewhat restrictive requirements for an Innovation Plan, Yolo stakeholders did not manifest enthusiasm for the planning process. In addition, the regular requisite competitive bidding process has made it difficult for small community stakeholders to triumph and become MSHA Providers, causing some agencies to limit their participation in planning.

Yolo County ADMH, in its attempt to rekindle the MSHA Innovation stakeholder planning process, while recognizing the need to implement a plan or face reversion of Innovation funding, examined other recently approved county plans (MSHA and other plans) which might address these circumstances and restrictions. One concept presented to stakeholders

YOLO COUNTY MENTAL HEALTH SERVICES ACT INNOVATION PLAN

was to use “mini-grants” and/or a “fast track” process. The idea was extremely well received by stakeholders, and ADMH then distributed a survey of ideas for Innovation and for individual grants. The response was exceptional, given the limited timeframe. ADMH received 105 survey replies (for a summary of results, see **Attachment 4**).

The concept of using small grants to promote the rapid involvement of community agencies provided the seminal concept for the Innovation Plan. Such a plan could accomplish several goals, such as:

- Provide a mechanism for introduction and testing of new and innovative MHSA programs, events, trainings and etc., on a “fast track” basis;
- Provide a mechanism for encouraging local agency involvement while boosting the economies of these local agencies, many of which are struggling;
- Provide motivation for collaboration between ADMH and community agencies on MHSA implementation;
- Provide an opportunity for local community agencies to demonstrate the benefit of their direct involvement, their ideas, and their ability to implement programs faster and with fewer of the restraints of county agencies.

This Innovation Plan will address all the purposes listed above—increasing access to underserved groups, increasing quality of services, and increasing access—however, the primary purpose of the plan will be to test the efficacy of using the Local Innovation Fast Track Grant Program to promote effective collaboration with community agencies.

II. Project Description

Describe the Innovation, the issue it addresses and the expected outcome, i.e. how the Innovation project may create positive change. Include a statement of how the Innovation project supports and is consistent with the General Standards identified in the MHSA and Title 9, section 3320.

This Yolo County MHSA Innovation Project provides for locally involved providers and stakeholders to apply for multiple Local Innovation Fast Track (L.I.F.T.) Grants in order to reinvigorate the MHSA stakeholder process in Yolo County while introducing new programs and services to the community and infusing funds into the local provider economy. This project will give local stakeholders and providers an opportunity to apply their special understanding of the communities in Yolo County and expeditiously implement new and unique programs, events and trainings. For this reason, when reviewing grant proposals, preference will be given to providers and agencies that are already locally engaged.

These L.I.F.T. Grants are intended to be the mechanism by which Yolo County Department of Alcohol, Drug and Mental Health and the Mental Health Services Act will enhance the programs and services offered to Yolo stakeholders, while improving collaboration with providers and community agencies. This project will "create positive change" by providing opportunities for local provider agencies and community organizations to access funding within the current fiscal year to support their involvement in Mental Health Services Act

YOLO COUNTY MENTAL HEALTH SERVICES ACT INNOVATION PLAN

Innovation, giving voice to new ideas and life to new programs, improving MHSA programs overall, and enhancing the relationships between these agencies and Yolo County ADMH. In addition, this program will contribute significantly to the local economic recovery while fulfilling the MHSA requirement to use these funds to explore innovative methods of serving individuals suffering from mental illness.

Overall, the L.I.F.T. Grant Project is guaranteed to support the General Standards identified in the Mental Health Services Act and Title 9, CCR, section 3320, because all programs and activities funded by these grants will be required to be in alignment with these standards, as set forth in the Act itself, the Innovation Requirements and the Mental Health Services Oversight and Accountability Commission (MHSOAC) Innovation Resource Paper. These programs and activities funded by L.I.F.T. Grants will be required to be new and in keeping with these standards, and the programs cannot supplant existing programs offered in the county. Further, the programs must demonstrate cultural competency and the capacity to reduce disparities in access to mental health services, as well as the potential to improve outcomes.

a. Yolo County MHSA Local Innovation Fast Track Grants—Description of Proposed "L.I.F.T." Grants Framework

Under this project, Yolo County MHSA will issue a three-tiered Request for Proposals through BidSync, using MHSA Innovation allocations to fund the grants. All grant activities must be consistent with criteria for MHSA-funded activities, as set forth in the Mental Health Services Act General Standards, the Innovation Component Guidelines and the Mental Health Services Oversight and Accountability Commission (MHSOAC) Innovation Resource Paper. Programs, services, events and ideas presented in the context of these grants shall be new to the community and may not supplant any existing programs in the community. Proposals should identify un-served, underserved or inappropriately served local populations intended to benefit (either directly or indirectly) from the plan. All proposed programs, services, events and ideas presented must meet the Mental Health Services Act criteria of focusing on incorporating concepts of wellness, recovery and resiliency, with attention to the importance of client- and, where appropriate, family-driven services. All proposals must demonstrate the principles of cultural competency, with attention to reducing disparities in access to mental health services and thereby improving outcomes.

The Request for Proposals will employ the following framework:

- Tier I L.I.F.T. Grants will be the smallest grants (\$50,000 or less) intended to fund a single event, such as a special event, special training, conference or presentation, and the grant plan must be fully executed and expended by June 30, 2012. The event may be directed to (but is not limited to) a specific client population (such as transition-age youth with mental illness seeking employment, or isolated mono-lingual Russian older adults) or a provider group (such as individuals providing clinical services to underserved children aged 0 to 5). If the event is a training or conference, whenever possible, it should be made widely accessible within the provider community, as well as to interested consumers and family members. All of the aforementioned MHSA criteria must apply. Every Tier I

YOLO COUNTY MENTAL HEALTH SERVICES ACT INNOVATION PLAN

L.I.F.T. Grant proposal must address expending the full amount of requested funding before June 30, 2012.

- Tier II L.I.F.T. Grants will be mid-size grants (up to \$100,000) intended to fund multiple actions or events with a MHSA orientation (but not a long term or ongoing program), and the grant plan must be fully executed and expended by June 30, 2012. Possible activities could include, but are not limited to, a short-term study to identify un-served or underserved mental health consumer populations, perform outreach and deliver short-term services; organize a large scale certification of trainers within Yolo County to promote the introduction of a specific Evidence-Based Practice among multiple providers and procure appropriate resource materials; develop a multi-session, multi-dimensional employment preparedness course for consumers; propose a consumer-operated business to be launched using grant funds and become self-supporting thereafter. All of the aforementioned MHSA criteria must apply. Every Tier II L.I.F.T. Grant proposal must address expending the full amount of requested funding before June 30, 2012.
- Tier III L.I.F.T. Grants will be the largest Innovation grants available (up to \$250,000 for the first six-month period, ending June 30, 2012), intended to fund ongoing programs that deliver services consistent with the requirements of the MHSA Community Services and Supports or Prevention and Early Intervention components. Programs must be new to the community, non-supplanting, offering of recovery/resiliency focus and culturally competent. Programs must reflect the criteria set forth in the statewide Innovation Requirements. Tier III L.I.F.T. Grant plans must provide for detailed performance outcome measures and address the goal of testing the novel program for its appropriateness to be incorporated in the larger MHSA Plan under either the Community Services and Supports or Prevention and Early Intervention Component. Programs funded under Tier III and making appropriate progress prior to June 30, 2012 will have the possibility of reiterative funding of up to \$300,000 in FY 12-13 and FY 13-14. All of the aforementioned MHSA criteria must apply to program activities. Every Tier III L.I.F.T. Grant proposal must address expending the full amount of funding requested in FY 11-12 before June 30, 2012. Failure to fully expend funding offered in the first six-month period will influence the grantee's prospects for renewed funding.

III. Contribution to Learning

Describe how the Innovation project is expected to contribute to learning, including whether it introduces new mental health practices/approaches, changes existing ones, or introduces new applications or practices/approaches that have been successful in non-mental health contexts.

Local providers maintain that they are able to implement programs faster and for less money than can county agencies like ADMH. Without doubt, community providers are often less hampered by bureaucracy in hiring, purchasing and budgeting than are governmental

YOLO COUNTY MENTAL HEALTH SERVICES ACT INNOVATION PLAN

agencies. The instant circumstance provides an opportunity for these community agencies to demonstrate their abilities to initiate new and innovative short-term programs and activities in an abbreviated timeframe under the terms of a fast track grant.

Fast Track Grant programs are designed to accommodate smaller organizations requesting smaller grants for projects with short-term durations. The process may also be used by agencies to request funding for a single event or short-term activity. Whereas Fast Track Grants have been successfully used to fund immediate, short-term projects such as gathering data following a natural disaster or promoting a specific festival or art project, use of Fast Track Grants in community mental health programs have been far more limited. Generally speaking, in the context of mental health services, such grants have been few and have been national in scope or federally sponsored. Yolo County MHSA Innovation Plan provides for a novel application of a variety of Fast Track Grants to allow opportunities for local agencies to contribute fresh ideas and new energy to MHSA implementation, while offering a desperately needed lift to the local mental health economy.

The L.I.F.T. Grant Program is intended to introduce new ideas and approaches, as well as to provide new information for community program planning, test new ideas, and initiate new training opportunities to be made available to all local providers, stakeholders and ADMH staff. In addition, the L.I.F.T. program will offer one or more renewable grants to test larger programs meeting the MHSA and Innovation Plan criteria. The longer term program grant(s) may have the opportunity to demonstrate the efficacy of the project over 2-1/2 years. This facet of the L.I.F.T. Grant Program offers Yolo County MHSA the opportunity to test run Innovation Programs and determine their suitability to be incorporated into the MHSA Community Services and Supports and/or Prevention and Early Innovation Plans for the long term.

Yolo County ADMH will administer the L.I.F.T. Grant Program, and collect and distribute quarterly information and outcome measures from each grant recipient.

IV. Timeline

Outline the timeframe within which the Innovation project will operate, including communicating results and lessons learned. Explain how the proposed timeframe will allow sufficient time for learning and will provide the opportunity to assess the feasibility of replication.

Implementation/Completion Dates: 10/1/2011 – 6/30/2014
MM/YY – MM/YY

Phase 1: 10/1/11 through 12/31/11 (3 months)

- Local Innovation Fast Track Grant Planning
- Assembly of LIFT Grant Review Team
- Preparation of Request for Proposals (including Tiers I, II and III)
- Submission of Proposals
- Review of Proposals

YOLO COUNTY MENTAL HEALTH SERVICES ACT INNOVATION PLAN

- Awarding of Fast Track Grants for all Tiers
- Preparation for Implementation
- Initial Progress Review and Report to Stakeholders by ADMH

Phase 2: 1/1/12 through 6/30/12 (6 months)

- Implementation of Phase 1 Grants, all Tiers
- 3rd Quarter Progress Review and Report to Stakeholders, including status of renewal for long term project(s)
- 4th Quarter Progress Review and Report to Stakeholders including status of renewal for long term project(s)
- Renewal of long term project(s) if appropriate

Phase 3: 7/1/12 through 6/30/13 (12 months)

- Continued implementation of long term project(s)
- Second round of Fast Track Grants initiated (contingent on available funding)
- Quarterly Progress Review and Report to Stakeholders
- Approve final phase of Tier Three long term project(s) if appropriate

Phase 4: 7/1/13 through 6/30/14 (6-12 months, as funding permits)

- Final phase of Tier Three long term project(s); evaluate for inclusion in MHSA Plan
- Quarterly Progress Review and Report to Stakeholders
- Renew or modify Innovation Plan for FY 14-15

Quarterly Progress Reviews and Reports to Stakeholders will facilitate communication among all stakeholders, including provider agencies, as to the benefits, progress, lessons learned, and effectiveness of the programs, events and trainings funded by L.I.F.T. Grants. Similarly, these quarterly reports will review the performance outcome measures of the Tier Three longer term programs funded by these Innovation Grants, thereby allowing ADMH and the MHSA Stakeholders to determine the efficacy of the Innovative program(s) and feasibility of replicating the program(s) in either the Community Services and Supports (CSS) or Prevention and Early Intervention (PEI) Component of the Mental Health Services Act Plan.

V. Project Measurement

Describe how the project will be reviewed and assessed and how the County will include the perspectives of stakeholders in the review and assessment.

All grantees will be required to generate quarterly progress reports tailored to their specific program(s). Progress in all Local Innovation Fast Track Grants of every type will be reviewed on a quarterly basis by the MHSA Coordinator; progress reports will be accessible to all MHSA stakeholders for their review. Progress will be reviewed based on how well the grantee executed the grant plan and on appropriate outcome measures intended to reflect how the service or activity benefitted the individuals within the community.

YOLO COUNTY MENTAL HEALTH SERVICES ACT INNOVATION PLAN

VI. Leveraging Resources (if applicable)

Provide a list of resources expected to be leveraged, if applicable.

Yolo County Local Innovation Fast Track Grants will not require leveraging of resources; however, grantees should be aware that leveraging will maximize the impact of each grant by extending the impact of each project. When grant proposals are evaluated, leveraging and collaboration with other local agencies will be considered with favor.

YOLO COUNTY MENTAL HEALTH SERVICES ACT INNOVATION PLAN

EXHIBIT D

Innovation Work Plan Description
(For Posting on DMH Website)

County Name:

Yolo _____

Annual Number of Clients to Be Served (If Applicable)

Total: N/A

Work Plan Name:

Yolo Local Innovation Fast Track Grant Program – “Yolo L.I.F.T.” _____

Population to Be Served (if applicable)

N/A

Project Description (suggested length – one-half page): Provide a concise overall description of the proposed Innovation.

The Yolo Local Innovation Fast Track Grant Program provides for three levels of grant funding to be made available to community providers and stakeholders for the purpose of encouraging and enhancing community collaboration in introducing new programs, events and trainings to the local mental health community on a fast track basis, while bolstering the economies of local providers and rejuvenating the local stakeholder process. The program will be monitored by Yolo County Department of Alcohol, Drug and Mental Health; Grantees will provide quarterly progress reports on all Innovation grants, which will be made available to MHSA stakeholders. The three levels (tiers) of funding in the Yolo L.I.F.T. Grant Project are distinguished by the length of the endeavor funded by the grant. Tier I L.I.F.T. Grants are small and are intended to fund one-time special events, community services or trainings. Tier II Grants are mid-sized and will fund multiple-event projects, services or trainings, but not long term projects. Tier III Grants are the largest and are intended to fund ongoing programs that deliver services consistent with the requirements of the MHSA Community Services and Supports or Prevention and Early Intervention components. Tier III L.I.F.T. Grants will be considered for renewed funding in two subsequent fiscal years. Programs must be new to the community, non-supplanting, offering of recovery/resiliency focus and also must be culturally competent. Programs must reflect the criteria set forth in the statewide Innovation Requirements. Tier III L.I.F.T. Grant plans must provide for detailed performance outcome measures and address the goal of testing the novel program for its appropriateness to be incorporated in the larger MHSA Plan, if funding permits.

EXHIBIT E
Mental Health Services Act
Innovation Funding Request

County: Yolo

Date: 10/24/2011

Innovation Work Plans			FY 11-12 Required MHSA Funding	Estimated Funds by Age Group (if applicable)			
No.	Name			Children/ Youth	Transition Age	Adult	Older Adult
1	1	Yolo Local Innovation Fast Track Grant Program		N/A	N/A	N/A	N/A
20		Tier I	\$100,000				
21		Tier II	\$220,000				
22		Tier III	\$550,000				
23							
24							
25							
26	Subtotal: Work Plans		\$870,000	\$0	\$0	\$0	\$0
27	Administration	15%	\$130,500				
28	Plus Optional 10% Operating Reserve						
29	Total MHSA Funds Required for Innovation		\$1,000,500				

EXHIBIT F

Innovation Projected Revenues and Expenditures

County: Yolo Fiscal Year: 11-12
 Work Plan #: 1
 Work Plan Name: Yolo Local Innovation Fast Track Grant Program
 New Work Plan:
 Expansion:
 Months of Operation: 10/11 -- 6/14 [33]

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures				\$0
2. Operating Expenditures			\$870,000	\$870,000
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Total Proposed Work Plan Expenditures	\$0	\$0	\$870,000	\$870,000
B. Revenues				
1. Existing Revenues				
2. Additional Revenues				
a. (insert source of revenue)				
b. (insert source of revenue)				
c. (insert source of revenue)				
3. Total New Revenue	\$0	\$0	\$0	\$0
4. Total Revenues	\$0	\$0	\$0	\$0
C. Total Funding Requirements	\$0	\$0	\$870,000	\$870,000



DEPARTMENT OF ALCOHOL, DRUG AND MENTAL HEALTH

Kim Suderman, LCSW, Director

ADMINISTRATION

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

MENTAL HEALTH SERVICES ACT (MHSA): NOTICE OF 30-DAY PUBLIC COMMENT PERIOD and NOTICE OF PUBLIC HEARING

Mental Health Services Act (MHSA) – Innovation Component of the MHSA Program and Expenditure Plan

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

- I. **The public comment period begins Saturday, September 24, 2011 and ends at 5:00 pm, Monday, October 24, 2011.** Interested persons may provide written comments during this public comment period. Please use the Public Comment Form provided with the document and address your comments and/or questions to Kim Suderman, Director, or Joan Beesley, MHSA Coordinator, 137 N. Cottonwood St., #2500, Woodland, CA 95695.
- II. **A Public Hearing will be held by the Yolo County Mental Health Board on Monday, October 24, 2011, at 5:00 p.m.,** at the Walker/Thomson Room of the Bauer Building, 137 N. Cottonwood St., Woodland, CA, for the purpose of receiving further public comment on the Innovation Component of the MHSA Program and Expenditure Plan.

To review the Innovation Component of the MHSA Program and Expenditure Plan or other MHSA documents via Internet, follow this link to the Yolo County website:
<http://www.yolocounty.org/Index.aspx?page=993>. A link to these documents is also posted at www.namiyolo.org.

- III. Printed copies of the **Innovation Component of the MHSA Program and Expenditure Plan** are available to read at the reference desk of all public libraries in Yolo County and in the public waiting areas of these Yolo County offices, during regular business hours:
 - Mental Health Offices, 137 N. Cottonwood Street, Woodland.
 - Mental Health Offices, 600 A Street, Davis (Mon/Wed only).
 - Mental Health Offices, 800-B Jefferson Blvd, West Sacramento (Tues/Thurs/Fri only).
 - Yolo County Administration Building, 625 Court Street, Woodland.
 - Yolo Co. Social Services “One-Stop” Center, 25 N. Cottonwood Street, Woodland.

To obtain a copy by mail, or to request an accommodation or translation of the document into other languages or formats, call Linda Claunch at (530) 666-8547 before 5:00 p.m., Fri. Oct. 14, 2011.

Par asistencia en Español llame a Elena Jaime al (530) 666-8346 o (916) 375-6350.

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

ATTACHMENT 1

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

Public Comment Period—September 24, 2011 through October 24, 2011

Document Posted for Public Review and Comment:

**Mental Health Services Act (MHSA) –
Innovation Component of the MHSA Program and Expenditure Plan**

(Document is Posted on the Internet at: <http://www.yolocounty.org/Index.aspx?page=993>)

PERSONAL INFORMATION (optional)

Name: _____

Agency/Organization: _____

Phone Number: _____ Email address: _____

Mailing address: _____

What is your role in the Mental Health Community?

Client/Consumer

Family Member

Educator

Social Services Provider

Mental Health Service Provider

Law Enforcement/Criminal Justice Officer

Probation Officer

Other (specify) _____

Please write your comments below:

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

After you complete this comment form, please return it to ADMH/MHSA before 5:00 p.m. on October 24, 2011, in one of three ways:

- Fax this form to (530) 666-8294, Attn: MHSA Coordinator
- Mail this form to ADMH/MHSA, Attn: MHSA Coordinator, 137 N. Cottonwood St., Suite 2500, Woodland, CA 95695
- Hand deliver this form to ADMH/MHSA, Attn: MHSA Coordinator, 137 N. Cottonwood St., Suite 2500, Woodland, CA 95695

ATTACHMENT 2

STATE OF CALIFORNIA
County of Yolo

I am a citizen of the United States
and a resident of the county aforesaid.
I am over the age of eighteen years
and not a party to or interested
in the above-entitled matter.
I am the principal clerk of the
printer of

THE DAVIS ENTERPRISE
315 G STREET

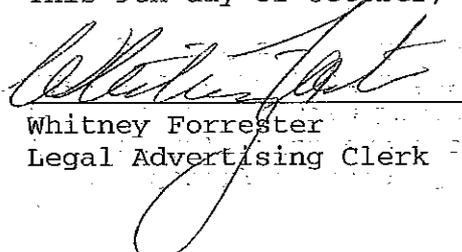
Proof of Publication
204313
Legal Notice

printed and published Sunday through
Friday in the city of Davis, 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
July 14, 1952, Case Number 12680.
That the notice, of which the annexed
is a printed copy (set in type not
smaller than non-pareil), has been
issue of said newspaper and not in
any supplement thereof on the
following dates to-wit:

October 9
All in the year(s) 2011

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

Dated at Davis, California,
This 9th day of October, 2011


Whitney Forrester
Legal Advertising Clerk

Public Notices	Public Notices
Legal Notice	
<p>A 30-DAY PUBLIC REVIEW OF THE MENTAL HEALTH SERVICES ACT INNOVATION COMPONENT OF THE MHSA PROGRAM AND EXPENDITURE PLAN has commenced, and during this period stakeholders may offer written comments on this document. This public examination period will end Monday, October 24, 2011, at 5:00 p.m.</p>	
<p>A PUBLIC HEARING will be held by the Yolo County Mental Health Board on Monday, October 24, 2011, at 5:00 p.m. at the Walker/Thomson Room of the Bauer Building, 137 N. Cottonwood St., Woodland, CA, for the purpose of receiving public comment on the Mental Health Services Act Innovation Component of the MHSA Program and Expenditure Plan Annual Update 2010-11.</p>	
<p>At any time prior to the public hearing, written comments and/or questions may be addressed to Yolo County Department of Alcohol, Drug and Mental Health (ADMH), Kim Suderman, Director, or Joan Beesley, MHSA Coordinator, 137 N. Cottonwood St., Suite 2500, Woodland, CA 95695.</p>	
<p>Copies of this document are available on the Internet at the Yolo County website (www.yolocounty.org), MHSA Documents page of the Alcohol, Drug and Mental Health Department web page.</p>	
DE204313	October 9, 2011

2011 INNOVATION SURVEY RESULTS--QUESTION 1

1. Tell us who you are--check all that apply:	Zoomerang	Zoomerang	Paper Survey	Telephone	Total in	Percent
	English	Spanish	Respondents	Respondent	Category	of Total
I am a mental health consumer in Yolo County	3	9	11		23	21.90%
I am a family member/caregiver of a MH consumer	11	6	2	1	20	19.04%
I work for a Provider Agency	17				17	16.19%
I work for a County Dept. or State Agency	8				8	7.62%
I work for Yolo Co. Dept. of Alcohol, Drug and MH	7		1		8	7.62%
In the Yolo Co. community, I represent [various]	9		1		10	9.52%
I live in Yolo County	43	30	11	1	85	80.95%
Total responses	60	30	14	1	105	

2011 INNOVATION SURVEY RESULTS -- 105 surveys received

Question 2: Help identify gaps. Think about the Mental Health system in this community and tell us in a few words what you think is missing. Can you identify gaps in services? What do you think is lacking? Are there people (groups) or places (areas) that are not being served?

	# times answer repeated											
	1	2	3	4	5	6	7	8	9	10	11	12
Need more basic MH services and more providers for clients & low income (all ages)												
Need more supported housing and housing assistance (and age-specific housing)												
People need help accessing services, navigating MH system; access is too difficult												
Need more supported employment opportunities for clients.												
Wait is too long for psychiatry appointment; takes too long to establish services												
More prevention/early intervention services for children/students												
Need more transportation assistance for clients.												
Need more support groups in more locations and help for specific diagnoses												
Better services for children and youth												
Clients need more supported activities/recreation/community integration opportunities												
Need to improve multi-lingual, multi-cultural outreach & services; add multilingual staff												
Need more MH services for homeless, including Vets; services too hard to access												
Need wellness center services in all cities												
More services for Winters youth, improve services to Winters continuation school												
Inadequate services for low income individuals with mild to moderate MH issues												
More parenting classes in English and Spanish												
Need more support for mental health clients involved in criminal justice system												
Need substance abuse treatment services												
Psychiatry appointments are too short, don't allow for questions												
Need more help for children; psychiatrist to help w/IEP & other mtgs; help for parents												
Need therapy to last longer than 6-10 visits; need help for parents/family												
After hours crisis services are hampered by county's payment criteria												
Access to Safe Harbor is too difficult, too much in ADMH control												
Staff/providers need to treat clients with fairness and respect and honor confidentiality												
Need support for clients who are pregnant												
Using case managers having history w/clients is preferred over FSP contract provider												
Need more board and care homes in Yolo County												
Inadequate services for residents in nursing homes and residential care												
Need early mental health intervention for young children												
Need hospital diversion services												
Need more community-based services												
Need more wrap-around services for children/youth												
Need Law Enforcement/Mental Health teams												
People are rushed off of conservatorship without an adequate plan												
Need to treat the entire individual rather than separating physical health from mental												
Need to provide MH services at Salud Clinic												
Medication access is restricted												
MH advisory board should be more involved, have better relationship with ADMH												
Pay attention to stigma issues, stigma reduction, increased awareness of MH issues												
Need services for children and families of offenders on probation or parole												
No room for differing opinions regarding care, grave disability or placement												
Clinical staff lacks training in proven recovery-based practices												
Need services for developmentally disabled individuals with mental illnesses												
Need a 24-hour crisis stabilization center with step-down to supported living												
Need psycho-social rehabilitation in regional wellness centers												
Need acute detox treatment center												
Need smoking cessation programs												
Need obesity education												
Need outreach: youth w/depression, suicidal ideas, sexual identity issues, substance use												
Need more Functional Family Therapy												
Need more school counselors												
Need more outreach to older adults, who seldom ask for help												

2011 INNOVATION SURVEY RESULTS -- 105 surveys received

Question 3: What could we do to make things better? What activities or services, if made available, would enhance the consumers' wellness and recovery?

	# times answer repeated										
	1	2	3	4	5	6	7	8	9	10	11
Increase MH support services in community, including talk therapy; make access easier											
Re-open TAY Center, other wellness locations; expand services/activities; consumer-op; add wkend/eve											
Add job training/readiness/supported empl./interns/coaches/sheltered wkshop; providers to collaborate											
In SPANISH: Offer better services, support groups, information, parent ed, classes											
Hire more psychiatrists/provide more psychiatric services, more med support											
Increase soc workers, MH workers, providers, appointments; serve more & reduce wait											
Offer a way/place to help underinsured/non-MediCal/undocumented & those w/less serious mental illness											
More services to forensic clients & family at risk; add forensic clinicians, diversion svcs											
Increase prevention/early intervention in schools & for families; improve soc/emo devel											
Provide transportation to appointments, community activities, other clinics/centers											
Offer wellness activities in community, e.g.dancing, art, karate, gym, other distractions											
Hire consumers to drive county cars and vans, provide transportation services											
Increase MH and social services in Winters; collaborate w/health providers and police											
Offer groups for expectant parents & rehab services for expectant parents (pregnancy help)											
Increase community education and awareness (all ages)											
Establish a 23-hour crisis center (hold, treat) w/step down; also detox center											
Increase free or low-cost medical services											
Be more open w/clients; follow through better; treat clients as mature adults											
Increase food distribution but give away less high-sodium food											
Do a new RFP for ACT services; provide more ACT services in community											
Institute walk-in MH clinics in community health centers											
Develop a simple, low-cost billing system for providers											
Increase services to families with pre-school age children											
Increase the MHSA funding											
Increase awareness of services--in schools and in community											
Increase availability of after hours service options, drop-in services											
Implement a MH Court											
Increase transparency of budgeting between county and provider agencies											
Provide school teachers with MH trauma reporting line (like they have CPS # for abuse)											
Provide support to parents/family members of SMI/SED to combat depression, anxiety											
Establish a universal MH assessment for children 0-5 to be used countywide											
Offer Mental Health First Aid training in Spanish											
Develop a centralized med support center to help clients w/med management											
Additional crisis intervention services											
Add a dedicated phone line for MH referrals and consultations											
Increase educational opportunities to staff, providers, clients											
Increase parenting education; consider simultaneous parents' & kids' support groups											
Try to reduce paperwork by eliminating the unnecessary/time-consuming stuff											
Train and skill-build with staff focused on making better use of Wellness Center											
Location where clients can play video games to reduce stress (Davis)											
Organize a volunteer clean-up effort among clients to boost self-esteem											
Turn off computers in Wellness Center while groups are going on, to raise interest											
Support homeless and at risk consumers, intervene before full relapse											
24-hr social worker in emergency rooms to increase access, reduce acute hosp days											
Help raise funds for durable medical equipment											
Offer services for people with co-occurring substance abuse/addiction											
Send out a quarterly MH newsletter by e-mail and mail; news, findings, events											
Start a buddy-mentor system for consumers to get them into community activities											
Provide support to people just discharged from psych hospital/discharge person											
Offer groups for people with specific diagnoses (bipolar, youth with mental illness, etc.)											

2011 INNOVATION SURVEY RESULTS -- 105 surveys completed

Question 4: What have you heard about? Have you seen or heard of any services or activities in other communities which might be helpful to our consumers in Yolo County?

	# times repeated						
	1	2	3	4	5	6	7
Solano County examples: PEAK--Partnership for Early Access for Kids; Universal assessment for kids 0-5; Psychologists & Lic Clin Soc Workers in primary care clinic; warm line; review services per Solano example							
23-hour crisis bed center with step-down, transition to supported housing							
Program "Building Effective Schools Together--B.E.S.T." by Sprague (ex: Placer COE)							
Give away fresh fruits and vegetables; see W. Sac Alyce Norman example							
Hospital diversion beds							
Consumer Self Help Center in Santa Cruz							
Implement Laura's Law							
Psychiatric Health Facility (PHF)							
Integrated Behavioral Health Model							
Agencies connecting people to job services, rent assistance, housing help, food, etc							
Laura's Law							
Mental Health Court							
Farming jobs for MH consumers							
Transportation to out-of-area appointments, medical, psychiatric, etc.							
NAMI's CANVAS program--volunteers helping consumers							
NIMH Motivational Incentive Program							
Programs to increase access to services, reduce barriers to access							
Functional Family Therapy (Evidence Based Practice)							
A.R.T. (Evidence Based Practice) (no explanation given)							
Bring back the Sister-Friend Project (Yolo)							
Substance abuse/Dual Diagnosis treatment modality other than AA 12-step							
Creative Learning Center of Berkeley (therapeutic art and music)							
SAMHSA Gains Center re jail diversion systems							
Transportation services using consumer drivers							
Supportive housing using Cesar Chavez Plaza model							
Prioritize stable housing w/supports to minimize homelessness/breaks/hospitalizations							
Integrate Primary Health Care and Mental Health Care							
More help for seniors, emphasize non-threatening approach							
Empowerment Center in Stanislaus County							
SacPort Program, Sacramento Co. (Psychosocial Options for Rehabilitative Treatment)							
Substance abuse rehabilitation program (drug rehab)							
Mini-marathon walk-a-thon fundraiser							
Support for new mothers/post-partum services							
Social Worker to do outreach to older adults and assess their needs							
Support for women with special needs children							
NAMI is very helpful							
Support for families in crisis							
More homeless services like Wayfarer							
"Emotions Anonymous"							
Help coping with mental illness and symptoms							
Budgeting assistance for consumers							
Need more wellness centers--it's a good model							
Behavioral programs such as River Oak							

2011 INNOVATION SURVEY RESULTS -- 105 surveys completed

Question 5: What if MHSA Innovation could fund your ideas? If you could ask for an Innovation Mini Grant of up to \$50,000 to fund a unique project, program, service or event, what would you do?

	x repeated			
	1	2	3	4
Funds insufficient; need more than \$50,000 to implement a program, for professional staffing, etc.				
Start multiple programs of supported employment, sheltered workshops, consumer transport, placement, job coaches				
Support for women/couples expecting babies or who are new parents; new mothers				
Youth development program for youth exhibiting high risk behaviors; involves multiple local agencies				
Open a group home				
Start a program that meets needs of a diverse group				
Create a self-help drop-in center in Davis in a central location, accessible to all				
Create a warm line so people can get support before crisis escalates to need for hospitalization				
Community education and training				
Social/emotional support for families tailored to their needs/locations, use facilitators with local knowledge				
In-home psychiatric services program for the highest users of crisis services				
Stage Project--local businesses support youth by hosting musical performances, poetry reading, etc.				
Use Yolo CANVAS to boost community-based services				
Community response teams including law enforcement				
Psychologist and Lic Clin Soc Worker placed in primary care (patients get a "warm hand-off")				
A program that would make Incredible Years family training available to all families, free of charge				
Bring the Solano PEAK program to Yolo County				
Develop a system for therapists to use so insurance and Medi-Cal could be easily billed.				
Training program for faith-based communities re local MH resources and programs				
Provide MH services to uninsured individuals, including the undocumented people				
Implement the "Building Effective Schools Together--B.E.S.T." Program countywide in Yolo				
Farming Program, providing job skills, training and employment for seriously mentally ill folks				
Use puppets to teach social/emotional skills to preschoolers; teach method to preschool teachers				
Develop collaborative of CANVAS & providers to provide innovative support services to co-op residents				
Motivational Incentive Program for seriously mentally ill clients at Farmhouse				
Motivational Interviewing--provide training countywide for MH professionals and paraprofessionals				
Parenting classes & parent training to improve parenting skills, ID own needs, understand resources				
Program offering med management & check-in service to consumers, promoting consistency/stability				
Community crisis response for short-term MH crisis intervention, w/ancillary therapeutic services				
Offer bilingual MH services in the neighborhoods of West Sac				
Offer a dedicated help/crisis line				
Open a program dedicated to elimination of stigma of mental illness and promoting earlier intervention				
Medication Ed for non-MH prescribers: promote knowledge of how psych meds interact w/other meds				
Fund individual and family counseling for youth in alternative ed settings who live w/criminal offenders				
Open a program that applies Sr. Peer Counseling concept and matches consumers of all ages				
Transportation program				
Incentives program				
Training program that allows staff/providers to determine topics				
Dual diagnoses treatment using personal empowerment as alternative to AA "powerless against disease" model				
Rejuvenate Friday Night Live Prevention Programs, add more staff				
Program to help older consumers				
Weekly restaurant free luncheon for consumers to practice social skills and support one another				
23-hour crisis hold facility at site of MHSA Housing				
Establish more on-site housing supports using Cesar Chavez model at existing housing				
Hire/train therapist for CBT and nurse for med support and injections for frequent noncompliant clients				
Use funds to support county disability school;support program serving disabled/physically challenged				
Program that provides child care/after school program for low income children				
Offer family counseling; support kids & parents living w/violence; do proactive teen programs				
Pay rent for consumers				
Make funds avail to YFSA; expand services to children/parents at West Sac site				
Program to train women for different professions				
Open programs to keep consumers busy and healthy with exercise, dance, etc.				