



YOLO COUNTY

MENTAL HEALTH SERVICES ACT

Community Services and Supports Implementation Progress Report (Initial)

May through December 2006

On May 31, 2006, Yolo County Department of Alcohol, Drug and Mental Health Services received approval of its MHSa CSS Three-Year Program and Expenditure Plan. Our county's approved plan provided for the implementation of three new programs and the expansion of one existing program:

- *Greater Capay Valley Children's Pilot Program*, serving rural children 0-18;
- *Pathways to Independence for Transition-Age Youth*, aged 16-25;
- *Wellness Alternatives for Adult Consumers*, aged 18-59;
- *Outreach and Assessment for Older Adult Consumers* (expansion program), aged 60 and over.

This Implementation Progress Report covers the period from May 31, 2006 through December 31, 2006, as set forth in DMH Information Notice No. 07-02. Yolo County ADMH Interim Director Richard DeLiberty was granted an extension of time to submit this report (originally due June 30, 2007) until August 31, 2007.

1. Program/Services Implementation

- a. **Implementation of Service Categories:** All of Yolo County's MHSa CSS programs were proposed as blended programs; that is, each of the four programs planned to offer all three service categories (FSP, SD and OE). Generally speaking, during the subject period, implementation of the approved programs and services proceeded as set forth in the approved plan, although on a much slower timeline than anticipated. The original proposals were overly optimistic in projecting the amount of time necessary to staff the programs and to get them operational. No Full Service Partnership agreements were initiated in any of the four programs prior to December 31, 2006; however, Outreach and Engagement efforts began in late November, after which Full Service Partnership and System Development clients began to be identified.

The department's primary challenge related to staffing of the programs. With all four programs starting simultaneously, administrators set out to hire more than two dozen staff--program supervisors, clinicians, mental health specialists, administrative assistants, consumer and family member interns, etc.—all at once. This proved a difficult task for this relatively small county, and several problems surfaced. First, the posting of county positions, interviewing of candidates, security screening, and hiring of staff took much longer than anticipated. Second, Yolo County's salary offerings were lower than those of neighboring counties, resulting in a small group of applicants. Third, Yolo County could not attract a sufficient number of qualified supervisory and licensed clinical candidates. Hiring of paraprofessionals and interns proved easier, putting the

programs in the position of having many unseasoned line staff and few supervisors or trained clinicians.

Other serious challenges related to physical locations of the programs. Over half of the new MHSA staff was hired to start on or about the first of November, 2006, a few weeks before Yolo County ADMH moved its administrative and clinical programs to a newly constructed building in Woodland. Only a handful of individuals were assigned workstations in the new building. Most were moved into a previously vacated day program site, which was supposed to have been the temporary location of the TAY *Pathways to Independence* program only, but instead was forced to accommodate three MHSA programs.

Each program had difficulties relating to its site. The Older Adult expansion program was located at the Davis Mental Health Center, which had recently become overcrowded due to workspace shortages at the county's other two mental health centers. For a time, new MHSA staff members were asked to share equipment and work in crowded conditions. In the original CSS plan, the *Wellness Alternatives* program had proposed locating its Wellness Center at a large, favorably located house owned by a local provider agency. Unfortunately, this hopeful plan could not be carried out due to issues relating to Americans with Disabilities Act (ADA) compliance. The *Greater Capay Children's Pilot* lost the opportunity to lease its intended program site in Esparto due to delays in finalizing the county's contract with R.I.S.E. Inc. (its provider-partner); many weeks passed before another suitable site became available in Esparto.

b. Key Transformational Activities.

- **Community collaboration:** Quarterly stakeholder and other MHSA subcommittee meetings continued throughout the implementation process, including meetings on June 15, July 28, August 31, September 11, October 5, October 9, November 16, and December 19. The MHSA Coordinator provided implementation updates at every monthly Local Mental Health Board meeting. Stakeholders and partner agencies were invited to and participated in local training events (including a day-long presentation by Dr. Pablo Stewart) and regional MHSA Coordinator meetings. MHSA staff met collaboratively with the Social Security Administration, the Veterans Administration, Yolo County public agencies (Probation, Social Services, Yolo County Courts, Yolo Housing Authority), other local

organizations (Homeless Coalition, NAMI Yolo, California Family Partnership Association, the Esparto Collaborative), and with our local mental health provider agencies.

- **Cultural competence:** Cultural competency was of primary concern relative to MHSA CSS staffing and hiring processes. In keeping with our CSS plan, we hired a bilingual, bicultural Russian mental health specialist to work with our underserved older adult Russian population in West Sacramento. All other CSS programs have at least one bilingual Spanish speaking staff member. The *Greater Capay Valley Children's Pilot Program*, which is located in western rural Yolo county, where the highest population of Spanish speakers live, has two bilingual, bicultural Latina staff. Our provider-partner agency (R.I.S.E., Inc.) has numerous Spanish-speaking staff. All CSS programs promote awareness of consumer culture as well, by including consumers and family members of varying backgrounds among our staff, and by encouraging these staff to increase awareness among co-workers as to the difficult issues faced by our clients and their families.
- **Client/family driven mental health system:** Few clients were engaged during this reporting period; however, efforts were made during staff meetings and trainings to promote system transformation, particularly in areas of client involvement in treatment planning, in promoting family involvement where appropriate, and in encouraging stakeholders to participate in the planning and implementation process on an individual/personal level or on a system-wide basis. Staff members are encouraged to help clients participate more fully in their treatment planning and life choices, and to pay close attention to the consumers' thoughts, wants, needs, and ideas.
- **Wellness/recovery/resiliency focus:** Our adult MHSA CSS programs operate on the premise that we can proffer integrated services and other healthy opportunities and thereby encourage healthy choices and better life balance among our clients. During this reporting period, we sought to develop these services and opportunities, but were not yet able to consistently deliver them. As per our plan, the Greater Capay Children's Program, focused very deliberately on promoting resiliency in every aspect of its program planning.
- **Integrated services for clients and families:** During this reporting period, Yolo County ADMH MHSA CSS Team sought to develop the integrated services set forth in the CSS plan

(housing, jobs, life skills, socialization), while improving access to mental health services. Progress during the subject period was slow but steady and our goal of providing fully integrated services remains clear. One very important aspect of our CSS implementation was the hiring of a benefits specialist to help us engage un-served and underserved clients. Working through our CSS programs, this benefits specialist has assisted clients in using any benefits available to them and has directed them to other available local resources, thereby helping clients of all ages, and their families, to access a myriad of services.

- c. **Implementation of SB 163 Wraparound Services:** Prior to the passage of Proposition 63, Yolo County had not implemented wraparound services under SB 163. During the CSS planning period, ADMH began discussions with the Yolo County Department of Social Services (DESS) concerning the prospect of implementing wraparound services. With the full support of DESS, and the participation of the Yolo County Probation Department (Juvenile Division), the three agencies formed a committee to begin drafting Yolo County's implementation plan for SB 163. Incredible progress was made between May 2006 and the end of the year. Seven staff from the three agencies attended the SB 163 Wraparound Conference, which was held in Los Angeles, June 19-21, 2006. Biweekly meetings were held to work on drafting the Wraparound Services Plan. The Wraparound Services Committee met with Patrick Kelleher of the CA Department of Social Services, as well as SB 163 Wraparound consultants from a recognized provider agency. By the end of 2006, the draft Wraparound Services Plan was completed and was under review by the committee participants.
- d. **General System Development:** Although each of the four CSS programs being implemented contained a System Development component, implementation was in such an early stage of development that this component's effect on the overall public mental health system could not be estimated.

2. Efforts to Address Disparities

- a. **Disparities in access;** and
- b. **Progress with underserved populations:** During the subject reporting period, our county's efforts to address disparities in access and quality of care through MHSA CSS programs focused primarily on outreach to homeless and high-risk seriously mentally ill individuals. We facilitated access to

ongoing services for hospitalized individuals who had not had access before. MHSA staff reached out to un-served or underserved SMI individuals in our county's alcohol and drug detoxification program. One key strategy in addressing disparities was to offer the services of our benefits specialist at no cost to the client, so as to determine if the client was accessing what he/she was eligible for, which in some cases included health insurance and/or Veteran's benefits. Also, the benefits specialist was able to assist clients in applying for Social Security and other benefits more quickly than they could on their own. In addition, our *Outreach and Assessment for Older Adults* program began reaching out to the largely un-served Russian older adult population in West Sacramento, while expanding their efforts to reach out to the isolated and depressed older adults in our community. The *Greater Capay Valley Children's* team began outreach to continuation school youth in Madison, a small Yolo County town whose population is over 66% Latino. Most of the difficulties we encountered in reaching out to underserved populations were attributable to implementation problems (dealing with new staff, new equipment, locations, etc.).

- c. **Employment issues:** In addition to following the existing equal opportunity hiring practices of Yolo County, ADMH hired 10 consumers and 3 family members as county employees to work in MHSA programs—a far greater number than the department had ever before hired. We held special meetings for consumers interested in working with the county, and explained the impact of earnings on SSI benefits, as well as the consumers' potential income tax responsibilities. We encountered a few problems relative to the county job application and background screening process. Several of the consumers had difficulty with the county job application process due to the requirement that they list all prior criminal convictions. This omission effected employment for a few consumers. The benefits specialist now works closely with potential consumer advocates on the importance of full disclosure and accuracy on the county application and the consequences of omissions.
- d. **Native American organizations:** No Native American organizations or tribal communities have been funded to provide services under MHSA. There is one reservation in Yolo County, located in Rumsey. The Rumsey Tribe of Wintun Indians operates Cache Creek Casino, and the tribe funds several programs in the community through the tribal mitigation funds

program. This tribe is very self-sufficient and declined the opportunity to be involved with MHSa planning and programs.

- e. **Language and cultural competency:** Language and cultural competency criteria are included in all contracts entered by ADMH and MHSa.

3. Stakeholder Involvement

ADMH and MHSa Management incorporate by reference the earlier sections of this Implementation Progress Report relating to Community Collaboration, Cultural Competence, *et seq.*, as detail of the involvement of clients, family members and stakeholders in the planning and implementation of the CSS Three-Year Program and Expenditure Plan. In particular, please note that Quarterly Stakeholder and MHSa Subcommittee meetings were held on June 15, July 28, August 31, September 11, October 5, October 9, November 16, and December 19; further, all MHSa-related trainings have been opened to clients, family members, interested stakeholders, as well as county and provider staff.

4. Public Review and Hearing **[PLEASE NOTE: This section, in italics, is a DRAFT section of the anticipated report on public review and hearing of this document.]**

On or before July 27, 2007, copies of the draft MHSa CSS Implementation Progress Report (Initial) May through December, 2006 were made available for public review and circulated to representatives of stakeholder interests, as follows:

- *Posted on the Internet at www.yolocounty.org under "Hot Topics";*
- *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;*
- *E-mailed to each member of the Yolo County Board of Supervisors;*
- *Sent via Yolo County Courier Service or hand delivered to public libraries in Woodland, West Sacramento, Davis, Winters, Esparto, Clarksburg, Yolo and Knights Landing, with the request that the document be made available for public viewing at the resource desk during regular hours of operation;*
- *Hand 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;*
- *E-mailed to all stakeholder participants on the MHSa distribution list.*

In addition, a copy of the draft MHSA CSS Implementation Progress Report was sent, via e-mail or U.S. Postal Service, to any interested party who requested it.

The public was notified by public announcements posted in the following newspapers published throughout the county during the 30-day public review period:

- *The Woodland Daily Democrat (daily)*
- *The Davis Enterprise (daily)*
- *The West Sacramento News-Ledger (weekly)*
- *The Winters Express (weekly)*

"Combined Notice of 30-Day Comment Period and Public Hearing" was posted on the Internet at www.yolocounty.org (under "Hot Topics") 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 MHSA CSS Implementation Progress Report. 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 1A and 1B.

The public hearing on this matter was held at the regularly scheduled meeting of the Yolo County Local Mental Health Board, on Monday, August 27, 2007 at 7:00 p.m., at the Walker Room of the Herbert Bauer, M.D. Health and Alcohol, Drug and Mental Health Building, located at 137 N. Cottonwood, Woodland, California.

Written comments received during the 30-day review and comment period, along with analyses and responses by the ADMH Interim Director and Management Team, are summarized in Attachment 2 hereto. Copies of the written comments are available upon request from the ADMH Director.

The finalized MHSA CSS Implementation Progress Report (Initial) May through December 2006 was forwarded to the CA Department of Mental Health, Systems of Care Division, 1600 9th Street, Room 130, Sacramento, CA 95814, on August ____, 2007, and a copy submitted to the Yolo County Board of Supervisors at its regularly scheduled meeting in September, 2007.

5. Technical Assistance and Other Support

As a means for guiding the state level efforts to provide technical assistance to the Counties, the following information is requested:

- a) Identify the technical assistance needs in your County for supporting its continued implementation of the Initial CSS Three-Year Program and Expenditure Plan.

We feel it would be most beneficial if the MHSA funded programs were more integrated with the rest of Yolo County Alcohol Drug and Mental Health Services, but are having difficulty in envisioning that integration, especially in regard to significantly different reporting requirements. Technical assistance in this area would be helpful.

As Yolo County ADMH continues to more fully automate our Electronic Health Record, questions arise about the best vehicle for portable / wireless connectivity, which is especially an issue for the CSS programs. Technical assistance in this area would also be helpful.

b) Identify if there are any issues that need further policy development or program clarification.

None at this time.

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