

Yolo County MHSA

2021-
2022

Annual
Update



PREPARED BY
C.A.R.E. CONSULTING
SERVICES

Draft

2021-2022 Annual Update & Expenditure Plan

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MHSA County Compliance Certification

County: Yolo

<p>Local Mental Health Director Karen Larsen, Health and Human Services (530) 666-8651 Karen.Larsen@yolocounty.org</p>	<p>Program Lead Brian Vaughn, Public Health Director (530) 666-8771 Brian.Vaughn@yolocounty.org</p>
<p>Local Mental Health Mailing Address: Yolo County Health and Human Services Agency 137 N. Cottonwood St., Suite 2500 Woodland, CA 95695</p>	

I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county/city and that the County/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Three-Year Program and Expenditure Plan or Annual Update, including stakeholder participation and non-supplantation requirements.

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on _____, 2020.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached annual update are true and correct.

Karen Larsen

 Mental Health Director/Designee (PRINT)

 Signature

 Date

Executive Summary

Update 2021–2022

The Mental Health Services Act (a.k.a. Proposition 63) was approved by California voters in 2004 to expand and transform the public mental health system. MHSA is funded by a 1% tax on millionaires in the state.

This document is the Yolo County Mental Health Services Annual Program Update 2021–2022. It provides updated information on Yolo County Mental Health Services Act 2020–2023 Three-Year Program & Expenditure Plan (this can be accessed [here](#)) for the coming year, 2021–2022.

This plan is organized into sections:

- ▶ Executive Summary & COVID-19 Context.
- ▶ Overall Summary of Program Updates.
- ▶ Individual Program Updates for 2020–2021 and changes for 2021–2022.
- ▶ Budget Update for the three-year period 2020–2023.

The most significant changes reported here:

- ▶ As anticipated in the Three-Year Plan, the necessities of addressing the COVID-19 pandemic created delays to implementation of some programs. This is due to combined factors of operational challenges and reassignment of staff. This is discussed in more detail below.
- ▶ Due to increased tax revenue, the overall resources available to Yolo County for MHSA work for the 2020–2023 period has increased by approximately \$5,700,000. These funds have been allocated across multiple programs.

- ▶ Funding has been allocated for a new program called Mental Health Career Pathways, to strengthen workforce retention by providing clinical supervision, under Workforce Education and Training programming.
- ▶ The Innovations Program Integrated Medicine into Behavioral Health Program has been eliminated from this plan and the funding has been re-allocated to the Crisis Now Learning Collaborative. The funding has been re-allocated to the Crisis Now Learning Collaborative.
- ▶ As part of the County's updated Policy on Fund Balances and Reserves HHSA has appropriated increased investments in the Prudent Reserve. HHSA is projecting to set aside to Prudent Reserve \$200,574 (FY 21–22) and \$500,000 (FY 22–23) which will bring the Prudent Reserve balance to \$1,650,574 or about 20% of the last five years revenue.
- ▶ A preliminary analysis of limited Results-Based Accountability data, where available, as well as demographic information for the Prevention and Early Intervention Programs (FY 2019–2020) from the prior Yolo MHSA Three-Year Plan has been assessed and included in this report. HHSA acknowledges the data is incomplete, however, efforts have been made for an initial evaluation of MHSA programs that continued forward into the 2020–2021 fiscal year.
- ▶ Evaluation work to assess overall impact, success and challenges of the MHSA funding within Yolo County will continue as well as assessment, planning and implementation of a stronger and more effective system

moving forward. HHSA acknowledges these evaluation efforts are a work in progress and represent one step in a multi-phased approach to continuous evaluation of the County MHSA programs focused on accountability and quality improvement, guided by MHSA values and principles, the County strategic plan, HHSA's mission, and the Results Based Accountability framework.

- ▶ Yolo County HHSA uses Results-Based Accountability (RBA) as the basis of evaluation to measure the impact of contract-based services provided under MHSA. The intent is to have RBAs in place for all MHSA programs within the 3 Year Plan as part of the evaluation program initiatives. These are individualized for each contract and follow a general framework of: 1) How much did we do? 2) How well did we do? 3) Is anyone better off? Data provided throughout this report summarizes these individual metrics. It also includes some cross-site measures for the Full-Service Partnership programs (funded under CSS) and demographic information for the Prevention and Early Intervention Programs.

Impact of COVID-19

Update 2021–2022

It is important to discuss the impact of COVID-19 and its impact on all aspects of life, particularly beginning in March 2020.

Yolo County Health and Human Service Agency (HHSA) holds an essential and central role in addressing the COVID-19 pandemic, which has included the reassignment of significant numbers of staff to critical COVID emergency response activities. The Yolo County Mental Health Service Act programming for 2020–2021 has been affected by the situation.

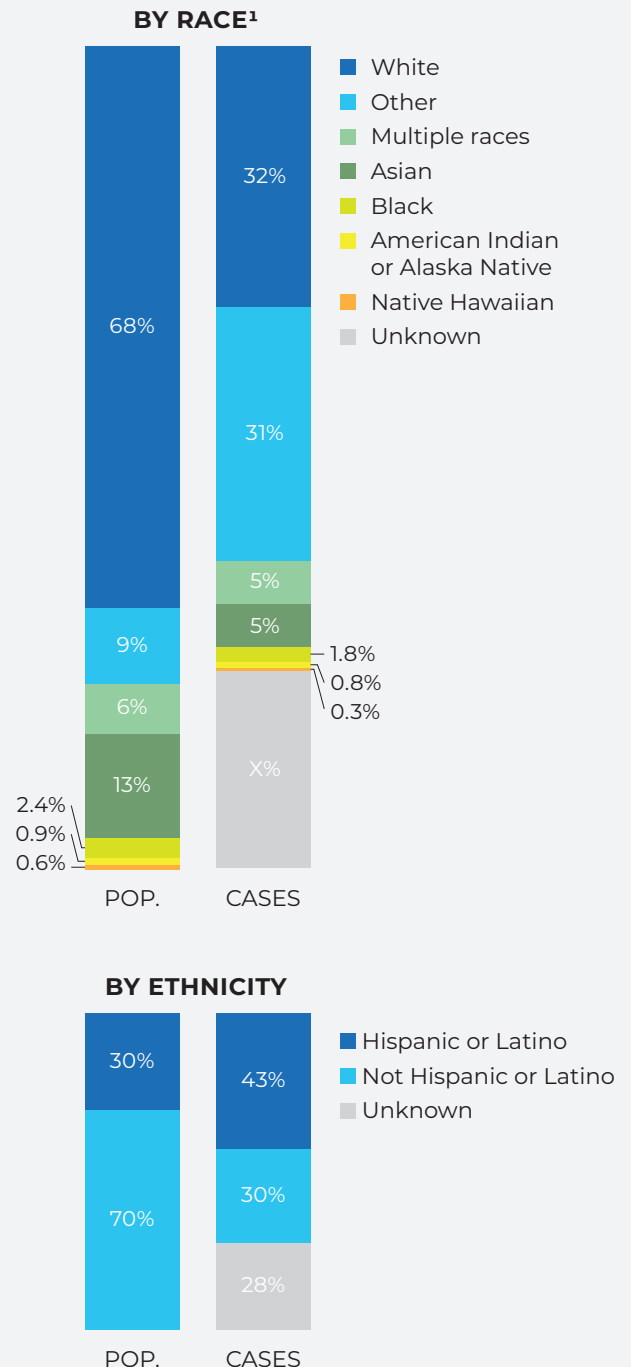
The 2020 year changed many lives in unpredictable and unexpected ways. This has included widespread job losses due to repeated and varying shelter, shut-down, and business closures as well as changes and fluctuations in operational and work capacity due to remote schooling, COVID-19 exposures, and illness and death resulting from the pandemic.

Yolo HHSA staff have risen to the challenge of the day and shown incredible commitment and work effort in the face of this crisis. Despite the challenges of COVID-19, coupled with unexpected changes with the 2020–2023 Three-Year Plan, Yolo County HHSA has been able to accomplish a great deal with regards to implementation and establish significant infrastructure in the past year.

For updated information on COVID-19 guidance, recommendations and alerts, please visit www.yolocounty.org/coronavirus.

1. <https://www.yolocounty.org/government/general-government-departments/health-human-services/adults/communicable-disease-investigation-and-control/novel-coronavirus-2019/dashboard>. Data accessed 4/31/2021.

FIGURE 1. CONFIRMED COVID-19 CASES VS. YOLO COUNTY POPULATION



How to Get Help in Yolo County

Update 2021–2022

Yolo County Crisis Resources

Available resources and services for those experiencing a crisis. In the case of a life-threatening emergency, call 911.

Yolo County HHSA Directory Line

NEW: Yolo County Health and Human Services Agency Phone Line

Toll Free: (833) 744-HHSA (4472)

The new number provides access to services for callers who do not know how to reach the programs or services directly.

Access & Crisis Lines

24/7 Yolo County Mental Health Services

Toll Free: (888) 965-6647

TDD: (800) 735-2929

Website: <https://www.yolocounty.org/government/general-government-departments/health-human-services/mental-health>

Last verified: 04/29/2021

24/7 Sexual Assault & Domestic Violence Line

Contact: (530) 662-1333 or (916) 371-1907

Last verified: 03/22/2019

ASK — Teen/Runaway Line

Davis: (530) 753-0797

Woodland: (530) 668-8445

West Sacramento: (916) 371-3770

Last verified: 02/28/2019

NAMI (National Alliance on Mental Illness), Yolo Message Line

Contact: (530) 756-8181

Last verified: 02/28/2019

Suicide Prevention 24/7

Davis: (530) 756-5000

Woodland: (530) 668-8445

West Sacramento: (916) 372-6565

Last verified: 03/22/2019

National Suicide Prevention Lifeline

(800) 273-(TALK) 8255

Nacional de Prevención del Suicidio

(888) 628-9454

Protective Services

Yolo County Adult Protective Services

Toll Free Adult Abuse Reporting: (888) 675-1115

Adult Abuse Reporting (24/7 Intake Line):
(530) 661-2727

Locations:

137 N. Cottonwood Street, Woodland, CA 95695
500 A Jefferson Boulevard, Suite 100, West Sacramento, CA 95605

Website: <https://www.yolocounty.org/government/general-government-departments/health-human-services/adults/adult-protective-services>

Last verified: 04/29/2021

Yolo County Child Welfare Services

Emergency: 911

Online Form: <https://www.yolocounty.org/home/showpublisheddocument/55319/636743382093670000>

Website: <https://www.yolocounty.org/government/general-government-departments/health-human-services/children-youth/child-welfare-services-cws>

Last verified: 04/29/2021

How to Get Help in Yolo County

Emergency Child Respite Services

Yolo Crisis Nursery

Contact: (530) 758-6680

Email: info@yolocrisisnursery.org

Website: www.yolocrisisnursery.org

Last verified: 02/28/2019

Domestic Violence & Abuse Resources

Empower Yolo

24-Hour Crisis Line: (530) 662-1133

24-Hour Crisis Line: (916) 371-1907

Main Line: (530) 661-6336

Website: <http://empoweryolo.org/crisis-support/>

Last verified: 02/28/2019

Empower Yolo, Dowling Center

Location: 175 Walnut Street

Woodland CA 95695

Contact: (530) 661-6336

Website: <http://empoweryolo.org/>

Last verified: 02/28/2019

Empower Yolo, D-Street House

Location: 441 D Street

Davis, CA 95616

Contact: (530) 757-1261

Website: <http://empoweryolo.org/>

Last verified: 02/28/2019

Empower Yolo, KL Resource Center

Location: 9586 Mill Street

Knights Landing, CA 95465

Contact: (530) 735-1776

Website: <http://empoweryolo.org/>

Last verified: 02/28/2019

Empower Yolo, West Sacramento

Location: 1025 Triangle Court, Suite 600

West Sacramento, CA 95465

Website: <http://empoweryolo.org/>

Last verified: 02/28/2019

MHSA Annual Update

2021–2022

PROGRAM SUMMARY TABLE

Program Name	Status	Covid delay	Target age	Original projected 3-year budget	Original projected 1-year budget	Revised 3-year budget	Difference	Page
Community Services & Supports (CSS) Plan								
Peer- and Family-Led Support Services	Started	No	26–59	\$300,000	\$100,000	\$300,000	–	15
Older Adult Outreach Assessment Program	Started	No	60+	\$3,894,269	\$1,251,345	\$4,810,961	\$916,692	18
Adult Wellness Services Program	Started	No	26–59	\$18,205,939	\$5,556,979	\$17,534,493	\$(671,446)	22
Community-Based Drop-In Navigation Center	Started	No	16+	\$2,533,200	\$844,400	\$3,266,142	\$732,942	25
Tele-Mental Health Services	Started	No	16+	\$2,347,632	\$771,538	\$4,157,433	\$1,809,801	27
Mental Health Crisis Service & Crisis Intervention Team Training	Started	No	16+	\$5,385,240	\$1,505,779	\$5,226,235	\$(159,005)	28
Children's Mental Health Services	Started	No	0–20	\$2,142,387	\$686,311	\$2,108,945	\$(33,442)	30
Pathways to Independence	Started	No	16–25	\$4,910,466	\$1,573,481	\$5,950,199	\$1,039,733	32
Prevention & Early Intervention (PEI) Plan								
Senior Peer Counseling	Started	Yes	60+	\$150,000	\$50,000	\$146,800	\$(3,200)	36
Latinx Outreach/Mental Health Promotores Program	Started	No	16–59	\$885,444	\$295,148	\$1,172,172	\$286,728	39
Early Childhood Mental Health Access & Linkage Program	Started	No	0–6	\$1,200,000	\$400,000	\$1,200,000	–	42
K-12 School Partnerships	Pending	Yes	6–18	\$3,300,000	\$1,100,000	\$3,640,678	\$340,678	48
Youth Early Intervention Program	Started	No	6–25	\$382,148	\$122,421	\$582,421	\$200,273	56
College Partnerships	Pending	Yes	16–25	\$450,000	\$150,000	\$514,133	\$64,133	57
Early Signs Training and Assistance	Started	Yes	16+	\$1,296,014	\$425,895	\$1,079,073	\$(216,941)	58
Cultural Competence	Started	Yes	0+	\$2,572,221	\$675,967	\$2,516,942	\$(55,279)	64
Maternal Mental Health Access Hub	Pending	Yes	0+	\$300,000	\$100,000	\$300,000	–	65
CSS; PEI; INN; WET								
Evaluation	Started	No	0+	\$600,000	\$200,000	\$572,174	\$(27,826)	67
Innovation (INN) Plan								
Integrated Medicine into Behavioral Health	Cancelled	Yes	16+	\$1,808,000	\$506,000	–	\$(1,808,000)	69
Crisis Now Learning Collaborative	Started	No	16+	\$145,000	\$145,000	\$1,640,679	\$1,495,679	70
Capital Facilities & Technological (CFTN) Plan								
IT Hardware/Software/Subscription Services	Started	No	NA	\$2,492,790	\$811,374	\$3,708,405	\$1,215,615	71
Peer-Run Housing	Pending	No	26–59	\$250,000	\$250,000	\$500,000	\$250,000	72
Workforce, Education, & Training (WET) Plan								
Mental Health Professional Development	Started	No	16+	\$167,422	\$54,880	\$167,422	\$0	73
Peer Workforce Development Workgroup	Started	No	26+	\$69,111	\$23,037	\$30,265	\$(38,846)	74
Central Regional WET Partnership	Started	No	16+	\$85,000	\$30,000	\$130,486	\$45,486	75
Mental Health Career Pathways	New 21/22	N/A	0+	–	–	\$146,667	\$146,667	76
Totals				\$55,872,283	\$17,629,555	\$61,402,725	\$5,530,422	

Community Services and Supports Plan

Update 2021–2022

Community Services and Supports (AA)

FSP

Non-FSP

Program name: **Peer- and Family-Led Support Services**

Status:

Started

Pending

Canceled

New 21/22

COVID delayed

Target Population:

Children Aged 0–5

Transitional-age Youth Aged 16–25

Adult Aged 26–59

Older Adult Aged 60+

Program Description

Peer- and Family-Led Support Services are psychoeducation groups and other support groups targeting peers and families. The services help consumers: (1) understand the signs and symptoms of mental health and resources, (2) develop ways to support and advocate for an individual or loved one to access needed services, and (3) receive support to cope with the impact of mental health for an individual or in the family. Services are exclusively led by peers and family members and are provided outside of HHSA clinics and throughout the community, as appropriate, to best serve consumers and families.

This family member component of this program features evidence-based psychoeducational curriculum that covers the knowledge and skills that family members need to know about mental illnesses and how best

to support their loved one in their recovery. The peer component of the program features an evidence-based psychoeducational curriculum that includes information about medications and related issues; evidence-based treatments that promote recovery and prevention; strategies for avoiding crisis or relapse; improving understanding of lived experience; problem solving; listening and communication techniques; coping with worry, stress, and emotional flooding; supporting your caregiver; and making connections to local services and advocacy initiatives.

Key activities of Peer- and Family-Led Support Services will support outcomes around improved mental health wellness, family stability, and psychoeducation by:

- ▶ Providing a safe, collaborative space for consumers and family members to share experiences.

- ▶ Providing accurate, up-to-date information about mental illnesses and evidence-based treatments.
- ▶ Providing an environment conducive to self-disclosure and the dismissal of judgement, for both self and others.
- ▶ Providing services where they are appropriate and needed, including but not limited to community centers, wellness centers, libraries, adult-education locations, inpatient hospitals, and board-and-care facilities.
- ▶ Facilitating groups in a supportive way that models appropriate prosocial behavior.
- ▶ Providing one-on-one support when appropriate.
- ▶ Making referrals to other services as appropriate.

Goal 1	Provide family- and consumer-led support services and psychoeducation to caregivers and consumers.
Goal 2	Expand and augment mental health services to enhance service access, delivery and recovery.
Objective 1	Provide community-building activities for consumers and their families.
Objective 2	Develop a knowledge base for consumers and their families.
Objective 3	Develop self-advocacy skills for family members and peers.

Estimated FY21/22 Costs	Estimated Number to be Served FY21/22	Estimated Cost/Person Served
\$100,000	500	\$200

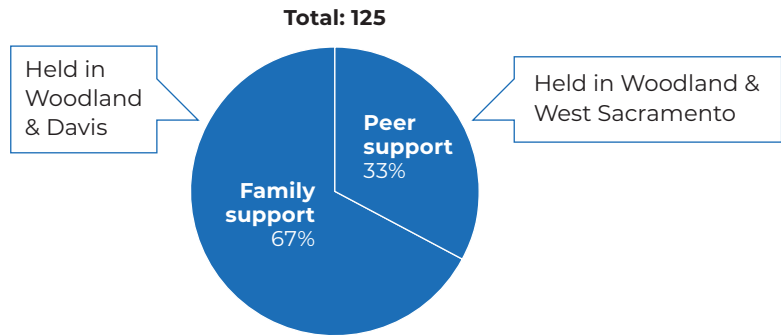
UPDATE: Provision of these services was hindered by COVID, although NAMI CA moved some educational and support groups to online platforms. The vendor has significantly grown their educational class and support group offering for FY21-22.

Evaluation Data for **Peer- and Family-Led Support Services**

PROGRAM STAFF (TOTAL: 40)



SUPPORT GROUPS HELD



SUPPORT GROUP PARTICIPANTS

Total: 540

PEER SUPPORT GROUP (N=313)

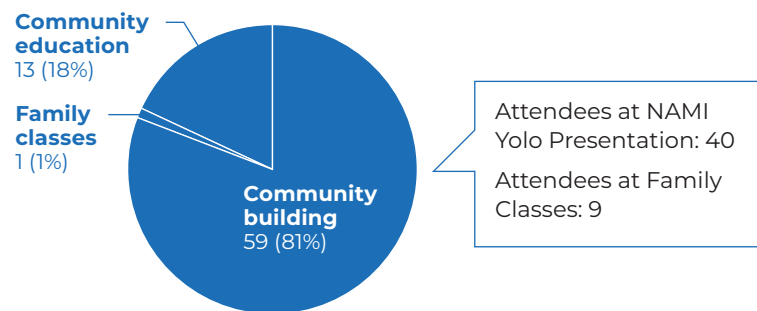


FAMILY SUPPORT GROUP (N=227)



EVENTS HELD

Total: 73



NAMI SUPPORT GROUPS

Participants in NAMI support groups who reported an increased ability to access community resources/services



MENTAL HEALTH 101 PRESENTATION

Participants who reported an increased understanding of mental health symptoms and how to recognize them



FAMILY EDUCATION CLASSES

Participants who reported an increased understanding of mental health symptoms



Participants who reported an increase in knowledge of mental health symptoms



Participants who reported increased support



IN OUR OWN VOICE PRESENTATION

Participants who reported an increased understanding of mental health symptoms and how to recognize them



Participants who reported an increase in knowledge of mental health symptoms



PROGRAM ACCOMPLISHMENTS

- ▶ Our First Wednesday events brought community leaders across Yolo County's Housing, Treatment, Emergency Mental Health, and other communities to increase understanding of issues related to mental health and recovery options in our communities.
- ▶ Our Regional Advocacy Meeting brought gathered input from 75 regional stakeholders and hosted a day long event at UC Davis which harnessed the input of 42 stakeholders to build ideas around Closing the Gap between Youth and Mental Health Services, Increasing Access to Comprehensive Treatment Options, Housing for Individuals Living with Mental Health Conditions and Decriminalizing Mental Health Conditions.
- ▶ Our CanDo programs provided nine monthly events that paired home cooked meals with a range of social programming to create opportunities for NAMI families and volunteers to build community with residents at the Homestead Co-Op.
- ▶ This year, we added two additional CanDo volunteers to this program.
- ▶ We also partnered with Supervisor Saylor and the Rivercats to bring 22 peers to a Rivercats game.
- ▶ NAMI Yolo County leaders worked in collaboration with NAMI CA and regional partners to draw attention to our work at the Stockton Multicultural Symposium, and Sacramento Cultural Competency Training, which featured Dr. Sergio Gaxiola, Director of the UC Davis Center for Reducing Health Disparities.
- ▶ We trained and onboarded 3 new Connection Support Group Facilitators and are also onboarding 3 new Helpline Consultants. We added two new members of our Board of Directors and 1 new administrative staff member. We experienced three staff turnovers, the death of a second member of our Board of Directors, and one member's resignation from the Board of Directors.
- ▶ We incorporated Save Pine Tree Gardens subcommittee as a component of NAMI Yolo County's Advocacy Committee

COVID-19 Program Impacts

- ▶ In 2019-2020, NAMI Yolo County met the COVID-19 pandemic by offering increased peer led support hours and quickly transitioning our in-person support to a virtual, telehealth platform via Zoom. We increased our Peer Support Offerings from three to four support group meetings per week and created a Peer Leader meeting to provide ongoing support opportunities for peer leaders. Additionally, we developed phone tree connections to keep our members and the people we were currently serving connected to ongoing support throughout the pandemic.
- ▶ Our volunteers sewed and coordinated distribution of nearly 500 masks throughout the mental health community.
- ▶ We were forced to suspend in person course offerings and are currently in the process of preparing our volunteers to provide those courses and presentations in virtual platforms.
- ▶ During the COVID-19 pandemic, our helpline calls dramatically increased from an average of 5 calls per week to up to 30 calls per week through the month of June.

Community Services and Supports (AA)

FSP

Non-FSP

Program name: **Older Adult Outreach and Assessment Program**

Status:

Started

Pending

Canceled

New 21/22

COVID delayed

Target Population:

Children Aged 0–5

Transitional-age Youth Aged 16–25

Adult Aged 26–59

Older Adult Aged 60+

Program Description

The Older Adult Outreach and Assessment Program provides a blend of full-service partnership, general system development, outreach and engagement services, and necessary assessments for seniors with mental health issues who are at risk of losing their independence or facing institutionalization. This program serves Yolo County older adults aged 60 years or older who may also have underlying medical or co-occurring substance abuse problems or be experiencing the onset of mental illness. This program includes case management, psychiatric services, and a continuum of services across the county. Additionally, the program coordinates services with the Older Adult Senior Peer Counselor Volunteers PEI Program.

Key activities of the Older Adult Outreach and Assessment program will support outcomes around improved mental health wellness, personal social and community stability, and connection to other services for older adults by:

- ▶ Conducting strengths-based integrated assessments that comprehensively examine mental health, social, physical health and substance abuse trauma, focusing on consumer and family member engagement.

- ▶ Providing intensive support services and case management to older adults classified as full-service partners, including individual and family therapy, medication management, nursing support, and linkages to other services.
- ▶ Educating consumers and families or other caregivers regarding mental health diagnosis and assessment, psychotropic medications and their expected benefits and side effects, services and supports planning, treatment modalities, and other information related to mental health services and the needs of older adults.
- ▶ Assisting with transportation to and from key medical, psychiatric, and benefits-related appointments.
- ▶ Promoting positive contact with family members.
- ▶ Assisting families to deal with mental decline of an older adult.
- ▶ Coordinating with HHSA Adult Protective Services staff.
- ▶ Coordinating with the Public Guardian's Office regarding conservatorship of consumers no longer capable of self-care.
- ▶ Coordinating with local multidisciplinary alliances to identify and assist older adults in need of mental health treatment.
- ▶ Coordinating with assisted-living opportunities to provide a smooth transition, when needed.
- ▶ Coordinating with the Senior Peer Counselor Volunteer Program to match volunteers with seniors to prevent social isolation and promote community living, when desired.
- ▶ Assisting with maintaining healthy independent living while avoiding social isolation.
- ▶ Assisting older adults with serious mental illness to locate and maintain safe and affordable housing.
- ▶ Providing older adults with appropriate benefits assistance, including Social Security Disability Insurance, Supplemental Security Income, Medi-Cal, or Medicare, and referrals to advocacy services.
- ▶ Referring and linking consumers to other community-based providers for other needed social services and primary care.
- ▶ Delivering mobile services, including assessment and treatment to reach older adults who cannot access Yolo HHSA in Woodland or other services as a result of barriers to access (rural, transportation difficulties, etc.) or other disabilities.

Goal 1	Provide treatment and care that promotes wellness, reduces isolation, and extends the individual's ability to live as independently as possible.
Objective 1	Support older adults and their families through the aging process to develop and maintain a circle of support, thereby reducing isolation.

Objective 2	Promote the early identification of mental health needs in older adults to prevent suicide, isolation, and loss of independence and address co-occurring medical and substance use needs.
Objective 3	Coordinate an interdisciplinary approach to treatment that collaborates with the relevant agencies that support older adults.

Estimated FY21/22 Costs \$1,668,669	Estimated Number to be Served FY21/22 60	Estimated Cost/Person Served \$27,811
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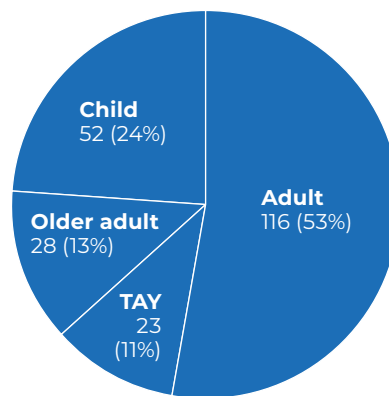
UPDATE: The Older Adult team continued to provide the full array of services throughout the pandemic and has been thriving. This program became fully staffed this year and was able to provide much needed stabilization services during the pandemic. The program is undergoing a full transition of internal FSP services to an outside provider this year. In addition, we became fully staffed in the OA team this year and were able to provide much needed stabilization services during the pandemic.

Evaluation Data for **Full-Service Partnership**

The data presented here is an aggregate for all FSP programs (older adults, adults, transition-aged youth, and children) as well as some breakdown by age category pertaining to reported outcomes.

PROGRAM STAFF: FULL-TIME EMPLOYEES
Total: 22.75

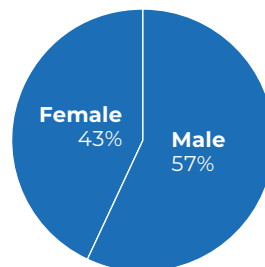
- 6.5** ADULT HHSA FSP
- 3.35** OLDER ADULT HHSA FSP
- 9.2** TURNING POINT ACT/AOT
- 3.7** TAY HHSA FSP



We served **219 clients** in 2019-2020!

CLIENT SNAPSHOT

0% of Adult or Older Adult participants had hospital discharges that resulted in a readmission within 7 days.

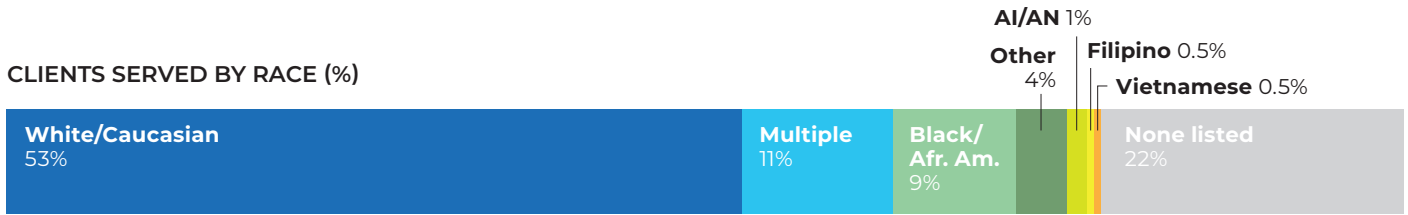


48% were referred by a mental health facility (HHSA or other outside agency)

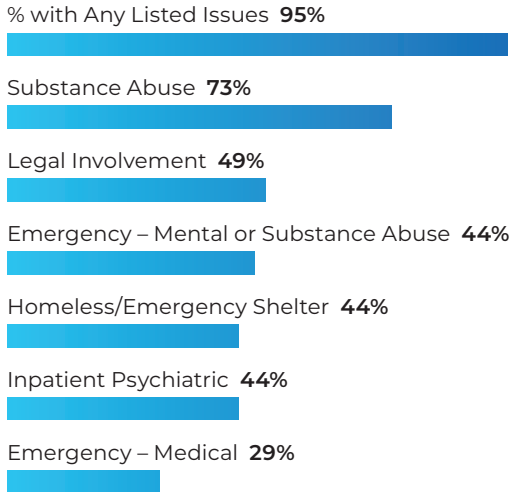
56% of participants had legal involvement at FSP enrollment

73% of participants had substance abuse listed as an indicator at FSP enrollment

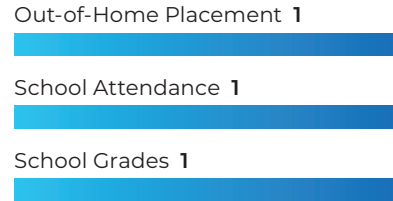
CLIENTS SERVED BY RACE (%)



ALL TAY, ADULT AND OLDER ADULT INDICATORS AT FSP ENROLLMENT FY 19-20 (N=55)

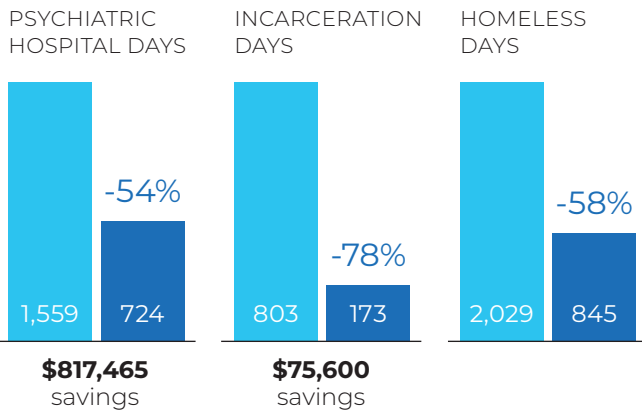


CHILD INDICATORS AT FSP ENROLLMENT FY 19-20 (N=3)

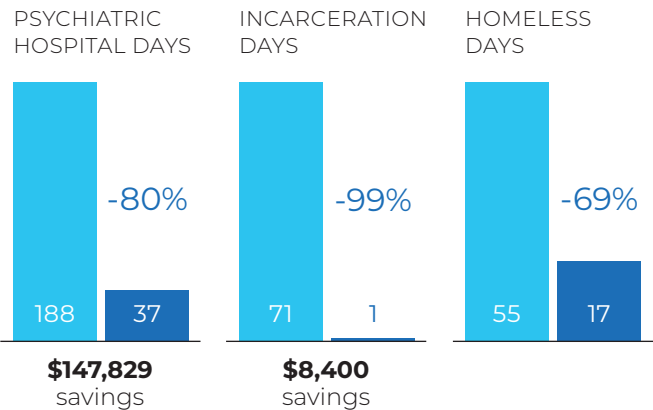


2019-2020 MHSA FSP/ACT OUTCOMES

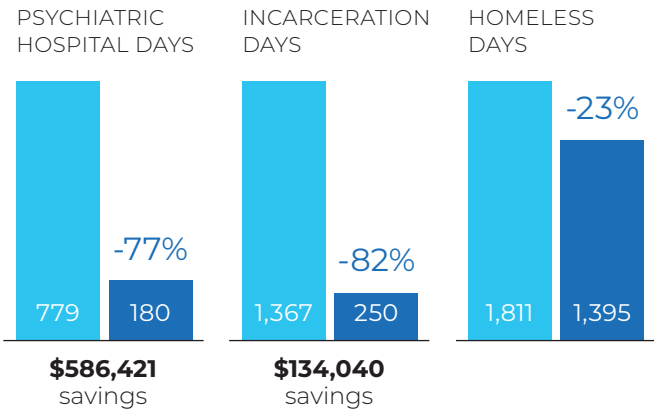
TPCP ACT-AOT OUTCOMES



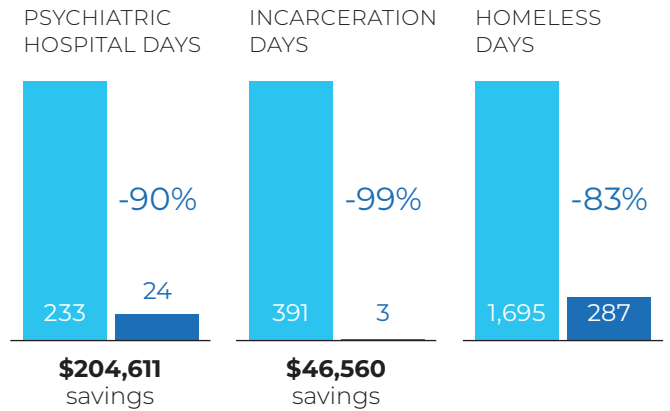
TAY PATHWAYS TO INDEPENDENCE OUTCOMES



HHSa ADULT FSP OUTCOMES



HHSa OLDER ADULT OUTCOMES



PROGRAM ACCOMPLISHMENTS

- ▶ Turning Point had only 1% of no-shows for prescribing staff
- ▶ TAY had an average of <1 of homelessness day per client
- ▶ Adult participants had an average of 4 days of incarceration per client
- ▶ The Older Adult program had 1 hospital discharge that resulted in a readmission within 30 days
- ▶ Adult participants had a 77% reduction in psychiatric hospitalization days resulting in a cost savings of 586,000

PROGRAM CHALLENGES

- ▶ COVID reduced services in clinic to crisis and injection clinic, however, FSP continued with a full array of services.
- ▶ Staff on quarantine reduced number of staff available to serve.
- ▶ Less ability to access participants in facilities due to COVID.
- ▶ Psychiatric hospital days delayed significantly due to COVID shutdowns.

Community Services and Supports (AA)

 FSP Non-FSPProgram name: **Adult Wellness Services**

Status:

 Started Pending Canceled New 21/22 COVID delayed

Target Population:

 Children
Aged 0-5 Transitional-age
Youth Aged 16-25 Adult Aged
26-59 Older Adult
Aged 60+**Program Description**

The Adult Wellness Services Program focuses on meeting the mental health treatment needs of unserved, underserved, and inappropriately served adults in Yolo County with the highest level of mental health needs. Overall, the program provides outreach and engagement, general systems development, and full-service partnership (FSP) services for adults with serious mental illness who meet medical necessity for county mental health services. This program serves Yolo County adults aged 26–59 who are unlikely to maintain health or recovery and maximal independence in the absence of ongoing intensive services. In response to community feedback, HHSA will add a case manager for non-FSP.

The program includes consumer access to crisis residential facility beds, acute inpatient hospital beds, short-term and supportive housing options, self-help programs, employment support, family involvement, substance abuse treatment, and assistance with criminal court proceedings, thereby offering individual consumers the prospect of wellness and recovery. Many of these services are delivered in the two adult wellness centers, where consumers can gather and access an array of consumer-driven services and social and recreational programming. These wellness centers also provide access to case management, psychiatry, and the continuum of services across the county.

The adult FSP program includes a generalized intensive services program and two specialized intensive services programs: Assertive Community Treatment (ACT) and Assisted Outpatient Treatment (AOT). ACT serves FSP consumers at the highest level of need with strong fidelity to the evidence-based ACT model, whereas AOT, also referred to as Laura's Law, serves court-mandated consumers who are unable to accept voluntary treatment and are at continued risk of harm.

Key activities of the Adult Wellness Services Program will support outcomes around improved mental health wellness, personal social and community stability, and connection to other services by:

- ▶ Conducting strengths-based integrated assessments that comprehensively examine mental health, social, physical health and substance abuse trauma, focusing on consumer and family member engagement.
- ▶ Providing intensive support services and case management to homeless and impoverished adults identified as FSP, including individual therapy and collateral support where needed.
- ▶ Providing ACT for consumers at the highest level of need who have experienced repeated hospitalizations or have a history of placement in an Institute for Mental Disease.
- ▶ Providing AOT to court-mandated consumers unable to accept voluntary treatment and who are at continued risk of harm.

- ▶ Providing medication management services and nursing support.
- ▶ Providing adults with appropriate benefits assistance, including Social Security Disability Insurance, Supplemental Security Income, Medi-Cal, or Medicare applications, and referrals to advocacy services.
- ▶ Conducting outreach services to persons who are homeless or at risk of homelessness with persistent and nonthreatening outreach and engagement services.
- ▶ Assisting homeless adults and adults without stable housing by locating appropriate, safe, and affordable housing in the community.
- ▶ Providing referrals and navigation support for substance abuse treatment services, when needed.
- ▶ Providing opportunities for consumers to socialize and learn alongside consumers from neighboring counties.
- ▶ Providing supportive living services to maintain housing.
- ▶ Promoting self-care and healthy nutrition.
- ▶ Providing transportation to and from services.
- ▶ Assisting interested adults to find employment and volunteer experiences to enhance their integration in the community.
- ▶ Promoting prosocial activities, including creative or artistic expression as related to self-care.

- ▶ Transporting adult consumers to and from appointments or the wellness centers.
- ▶ Operating a 24-hour crisis phone line and referring callers to crisis services and supports.
- ▶ Providing resources and information on skills for daily living.
- ▶ Providing programs, services, group support, and socialization activities at the wellness centers.
- ▶ Providing navigation and linkages to adults in need of resources in the county or community for mental health services through a peer support worker or outreach specialist.
- ▶ Referring and linking consumers to other community-based providers for other social services and primary care.
- ▶ Delivering mobile services, including assessment and treatment, to reach adults who cannot access Yolo HHSA or other services as a result of barriers to access (rural, transportation difficulties, etc.) or other disabilities.

Goal 1	Meet the mental health treatment needs of unserved, underserved, and inappropriately served adults in Yolo County with serious mental illness who may be experiencing homelessness or be at risk for homelessness, have criminal justice system involvement, have a co-occurring substance abuse disorder, or have a history of frequent use of hospital and emergency rooms.
Goal 2	Expand and augment mental health services to enhance service access, delivery, and recovery.
Objective 1	Provide treatment and care that promote wellness, recovery, and independent living.
Objective 2	Reduce the impact of living with serious mental illness (e.g., homelessness, incarceration, isolation).
Objective 3	Promote the development of life skills and opportunities for meaningful daily activities.

Estimated FY21/22 Costs	Estimated Number to be Served FY21/22	Estimated Cost/Person Served
\$5,961,723	200	\$29,809

UPDATE: During the pandemic, the Wellness Center went from in-person services to all virtual groups, trained their staff to use the technology and we were able to purchase needed equipment to support remote services. The FSP teams continued to provide a full array of services, including transportation, taking all safety precautions and using personal protective equipment. FSP was able to maintain housing for all participants and utilize Project Roomkey for some participants who qualified for those placements. The program is undergoing a full transition of internal FSP services to an outside provider this year.

Community Services and Supports (AA)

 FSP Non-FSPProgram name: **Community-Based Drop-In Navigation Center**

Status:

 Started Pending Canceled New 21/22 COVID delayed

Target Population:

 Children
Aged 0–5 Transitional-age
Youth Aged 16–25 Adult Aged
26–59 Older Adult
Aged 60+**Program Description**

A Community-Based Drop-In Navigation Center is a community-based location that provides behavioral health and social services to adults (aged 18 or older) who desire mental health support or are at risk of developing a mental health crisis but may not be willing or able to engage in more formalized services. The center provides an array of options for assisting consumers with any level of service engagement, focused on but not exclusive to individuals who were formerly institutionalized or are at risk of incarceration, hospitalization, or homelessness. The center addresses the need to facilitate community integration for adults who are exiting institutional care without formalized community or mental health support and to provide resources for consumers who, although engaged with mental health services, are at risk of developing a crisis and require additional support.

Staff provide a wide range of services, assisting consumers with short-term needs and more in-depth services, such as assessment and linkage to mental health services, activity or psychosocial and educational groups, assistance with housing or public benefit applications, and individualized psychosocial case management utilizing motivational interviewing practices based on the stages of change model.

Key activities of the Community-Based Drop-In Navigation Center will support outcomes around overall wellness, mental health stability, housing access and stability, and connection to other services by:

- ▶ Ensuring a seamless system of mental health engagement, assessment, treatment, and navigation, especially for individuals who may not otherwise receive treatment through Yolo County's Wellness Services program.
- ▶ Conducting strengths-based, consumer-driven, motivational interviews to support consumers to meet their personal goals and maintain strong mental health.
- ▶ Providing support services and stages of change-based case management, including service linkages when desired and appropriate.
- ▶ Collaborating with clients to secure benefits for which the person may be eligible including Social Security Income or other financial and income assistance programs, Medi-Cal, and Medicare.
- ▶ Addressing the gap in housing awareness and accessibility by providing coordination of housing openings in Yolo County for consumers, improving access to the identified available openings, and increasing retention of housing once obtained.

- ▶ Providing referrals and navigation support for substance abuse treatment services, when needed.
- ▶ Providing opportunities for consumers to socialize.
- ▶ Promoting prosocial activities, including creative or artistic expression as related to self-care.
- ▶ Promoting self-care and healthy nutrition.
- ▶ Assisting adults to find employment and volunteer experiences to enhance their integration in the community.
- ▶ Transporting adult consumers to and from initial appointments associated with their psychosocial rehabilitation.
- ▶ Providing crisis services and supports.
- ▶ Providing resources and information on skills for daily living.
- ▶ Providing programs, services, group support, and socialization activities at the center.
- ▶ Referring and linking consumers to other community-based providers for general services, social services, and primary care.

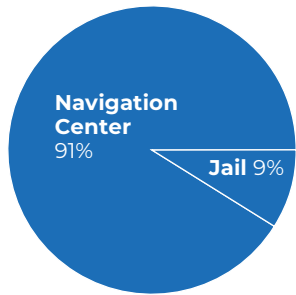
Goal 1	Provide support to consumers who may not yet be ready to engage in more intensive, clinic-based mental health services, with the goal of preventing mental health crises and connecting consumers to services when and if they desire them.
Goal 2	Expand and augment mental health services to enhance service access, delivery and recovery.
Objective 1	Provide supportive, flexible, consumer-driven services to all consumers at their preferred level of engagement.
Objective 2	Assist consumers at risk of developing a mental health crisis to identify and access the supports they need to maintain their mental health.
Objective 3	Reduce the impact of living with mental health challenges through the provision of basic needs.
Objective 4	Increase access to and service connectedness of adults experiencing mental health problems.

Estimated FY21/22 Costs	Estimated Number to be Served FY21/22	Estimated Cost/Person Served
\$1,167,877	250	\$4,672

UPDATE: CommuniCare staffs the County's Davis BH clinic, providing BH services access and community resource navigation for all that request it. Three clinicians complete County BH service screenings and full initial clinical assessments for SMI services. Further case management and peer staff assist with resource linkage, system navigation, and transportation.

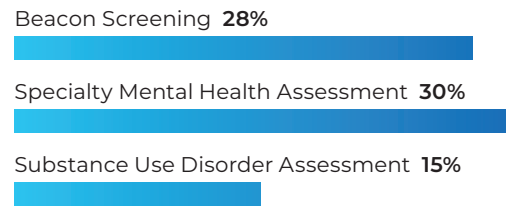
Evaluation Data for **Community-Based Drop-In Navigation Center (CommuniCare)**

LOCATIONS WHERE CLIENTS RECEIVED SERVICES

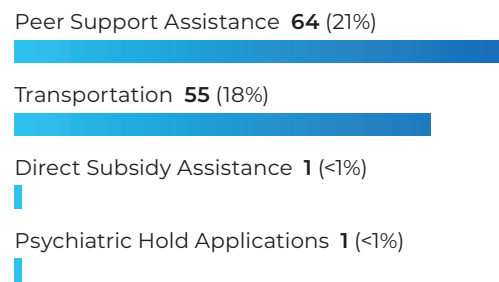


We served **304 clients** in 2019-2020!

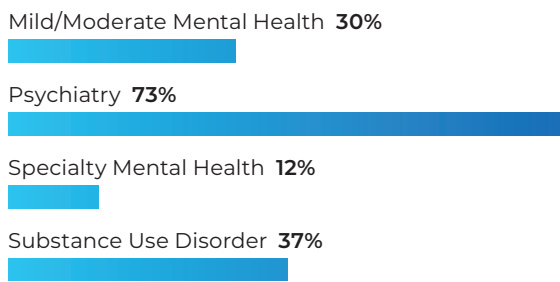
TYPES OF ASSESSMENT GIVEN TO CLIENTS



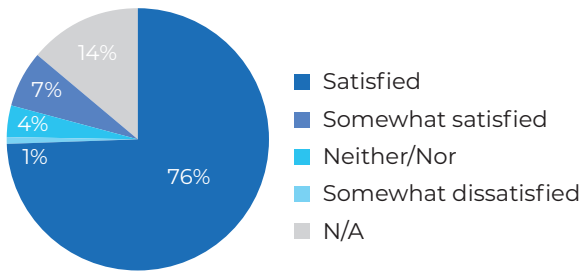
TYPES OF SERVICES PROVIDED



PERCENT OF CLIENTS WHO SUCCESSFULLY LINKED WITH PROVIDERS



CLIENT SATISFACTION WITH SERVICES



CLIENTS SERVED BY RACE (%)



PROGRAM ACCOMPLISHMENTS

- ▶ Navigation Services took on the Motel Project (aka: Project Room Key) introduced by the County. The purpose of this project was to house some of the most vulnerable individuals in the homeless population in order to isolate them and provide a safe space for them to ‘shelter-in-place.’ Those considered exceptionally vulnerable were individuals over the age of 60 and those with other chronic medical conditions such as diabetes. One of the Navigation clinicians took on the role of the Motel Case Manager assessing the overall needs of these clients, connecting them with any needed services, assisting with long-term housing applications, and providing mental health crisis intervention when needed. Several other Navigation staff were involved in the distribution of meals donated by various establishments and also provided clothing to individuals who were in need.
- ▶ CommuniCare also launched the opening of the Respite Center in Davis. The Center opened just a few weeks prior to the onset of COVID-19 in our community. Despite the many challenges that this crisis created, Respite remained open to our vulnerable homeless population that did not qualify for Project Room Key. In addition to the hours Monday through Friday, hours were expanded to provide services on Saturdays as well. Navigation staff helped to provide assistance - in addition to performing case management duties - to the Respite staff due to the shortage of volunteers. Volunteers were disallowed from being at the Respite Center due to the risk of exposure.

COVID-19 PROGRAM UPDATES

- ▶ The COVID-19 pandemic has hindered progress in many ways. The number of individuals served at Navigation during this period were tremendously diminished due to office closures, social distancing requirements, and mandatory telehealth interactions eliminating the warmth and comfort of human contact. Also, we were unable to serve walk-in clients and had to turn them away and ask them to call instead.
- ▶ Another consequence of the pandemic was the termination of the Portugal Project due to funding limitations. Due to this, Navigation discontinued evening hours and had to eliminate one of the case manager positions. Navigation staff will continue to assist law enforcement if needed when facilities re-open and as the community recovers from this tragedy.

Community Services and Supports (AA)

FSP

Non-FSP

Program name: **Tele-Mental Health Services**

Status:

Started

Pending

Canceled

New 21/22

COVID delayed

Target Population:

Children Aged 0-5

Transitional-age Youth Aged 16-25

Adult Aged 26-59

Older Adult Aged 60+

Program Description

Yolo County mental health clinics currently use telepsychiatry to expand adult consumer access to a physician prescriber. Telepsychiatry appointments are supported by an in-clinic medical assistant and nursing staff. Because our telepsychiatrist is known to be warm and personable, his clients usually rate treatment as equal to in-person visits.

In addition to telepsychiatry, Yolo County will begin to provide adult community members in crisis who seek HHSA

support with access to a psychiatric nurse practitioner via telehealth means. Although this provider will be housed on-site in one HHSA clinic, individuals in crisis at the other two county mental health walk-in clinics will have access to these staff members via secure teleconferencing means. Psychiatric nurse practitioners can provide medication evaluations, bridging medications (between existing psychiatric medication appointments with a routine provider), crisis evaluations, and prescriptions for psychiatric medication.

Key activities of the Tele-Mental Health Services program will support outcomes around reducing barriers to providing psychiatric services to individuals throughout the county, especially when in crisis. Both the telepsychiatry and nurse practitioner services provided by telehealth will expand the reach of the county's psychiatric and therapeutic services to various communities and enhance access to both psychiatric appointments and other clinical services in Yolo County.

Goal 1	Enhance access to psychiatric appointments for current clients in Yolo County.
Goal 2	Provide access to a psychiatric medication provider to community members in crisis throughout Yolo County.
Objective 1	Secure and implement the necessary technology for two county clinics to provide psychiatric nurse practitioner telehealth consultations.
Objective 2	Continue current use of telepsychiatry for existing Yolo County clients.

Estimated FY21/22 Costs	Estimated Number to be Served FY21/22	Estimated Cost/Person Served
\$1,656,305	200	\$8,282

UPDATE: During COVID, use of HHSA's dedicated telemedicine equipment has been suspended as clients are not being served in person. However, all of HHSA MH prescribing staff are using either phone or HIPAA-compliant electronic platforms to serve new and routine MH clients.

Community Services and Supports (AA)

 FSP Non-FSPProgram name: **Mental Health Crisis Service and Crisis Intervention Team (CIT) Training**

Status:

 Started Pending Canceled New 21/22 COVID delayed

Target Population:

 Children
Aged 0–5 Transitional-age
Youth Aged 16–25 Adult Aged
26–59 Older Adult
Aged 60+**Program Description****Mental Health Crisis Services**

Yolo County will implement a comprehensive mental health crisis service program that will provide existing Yolo County clients and the larger County community with access to crisis interventions, crisis assessments, urgent and routine service referrals and linkage, and appropriate crisis residential and/or inpatient psychiatric facility/psychiatric health facility placement, as needed.

Mental Health Crisis services will include walk-in crisis service access, including urgent psychiatric medication evaluations, in Davis, West Sacramento, and Woodland during regular business hours. Further, at any day or time 24/7, when a Yolo County Medi-Cal beneficiary or indigent individual, and/or an existing Yolo County client is placed on an involuntary psychiatric hold by local hospital staff, law enforcement, or certified County or Provider clinician,

Crisis Navigation staff will secure placement at the appropriate crisis residential facility, psychiatric health facility, or acute psychiatric inpatient facility.

Additionally, working with existing City Homeless Coordinators, County crisis staff will provide phone and possibly, field response to support local law enforcement officers who encounter community members in crisis. In at least one city in the County, as a pilot program, a County clinician will be embedded with local law enforcement to form a Co-Responder team, to intervene on mental health-related police calls to de-escalate situations that have historically resulted in arrest and to assess whether the person should be referred for immediate behavioral health intervention. Staff will also provide phone and in-person response to the community, when available, when a family member/loved one reports an

individual in crisis. Post-crisis, a staff member will follow-up with any persons know to the County to have recently been in crisis to ensure effective service access and referral linkage.

Key activities of the Mental Health Crisis Services will support outcomes around

- ▶ Reducing unnecessary local emergency room visits and/or psychiatric involuntary holds of individuals in crisis,
- ▶ Reducing crisis reoccurrence and/or repeat acute inpatient facility placement,
- ▶ Reducing unnecessary arrests of individuals in crisis,
- ▶ Preventing crisis escalation which may result in serious injury/consequences to clients, their loved ones, and the community at large, and
- ▶ Ensuring appropriate mental health service to anyone in need in advance of a crisis.

Crisis Intervention Team (CIT) Training

Yolo County will take over the delivery of the prior CIT training, modeled after a nationally recognized, evidence-based program known as the CIT Memphis Model, which focuses on training law enforcement personnel and other first responders to recognize the signs of mental illness when responding to a person experiencing a mental health crisis. The course curriculum will be approved by the local Peace Officers Standards and Training agency, providing materials and 32 hours of training at no cost to the participating law enforcement agency or individual. The course trains participants on the signs and symptoms of mental illness and how to respond appropriately and compassionately to individuals

or families in crisis. Further program modifications include the development and county delivery of an annual 8-hour CIT refresher training for all county law enforcement personnel who have previously completed the initial 32-hour certification. This refresher course curriculum will be developed in concert with local enforcement agencies to ensure it includes relevant and updated topics that further attendees' intervention tools and understanding with diverse populations.

Key activities of the CIT trainings will support outcomes around improved recognition of mental health needs in the community by law enforcement professionals and by providing them with intervention tools to intervene appropriately by:

- ▶ Helping law enforcement personnel and first responders recognize the signs of mental illness when responding to mental health calls.
- ▶ Helping law enforcement and first responders to work with persons in crisis and noncrisis situations to receive the necessary intervention to promote wellness, recovery, and resilience.
- ▶ Training law enforcement personnel and first responders to have adequate understanding of the needs of culturally diverse populations.
- ▶ Raising awareness of the community needs among law enforcement and first responders.

Goal 1	De-escalate clients and community members in crisis by providing appropriate mental health interventions and support.
Goal 2	Implement a community-oriented and evidence-based policing model for responding to psychiatric emergencies.
Objective 1	Reduce the number of arrests and incarcerations for people with mental illness.
Objective 2	Strengthen the relationship between law enforcement, consumers, and their families and the public mental health system.
Objective 3	Reduce the trauma associated with law enforcement intervention and hospital stays during psychiatric emergencies.

Estimated FY21/22 Costs \$1,892,082	Estimated Number to be Served FY21/22 500	Estimated Cost/Person Served \$3,784
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UPDATE: The program supports the County's Co-Responder Project which pairs HHSA Crisis Clinicians with local law enforcement officers from four local agencies in responding to BH crises in the community. Additional CIT training will be offered to law enforcement personnel Countywide later in 2021; coordinated by HHSA's Crisis Supervisor.

Community Services and Supports (CYF 0–20)

● FSP

● Non-FSP

Program name: **Children's Mental Health Services**

Status:

● Started

○ Pending

○ Canceled

○ New 21/22

○ COVID delayed

Target Population:

● Children Aged 0–20

○ Transitional-age Youth Aged 16–25

○ Adult Aged 26–59

○ Older Adult Aged 60+

Program Description

The Children's Mental Health Services Program provides a comprehensive blend of outreach and engagement, systems development, and full-service partnership (FSP) services for children and youth with severe emotional disturbance who meet medical necessity for county mental health services.

This program specifically provides case management and individual and family services to Yolo County children and youth up to age 20 with unmet or undermet mental health treatment needs. Additionally, the Children's Mental Health Services Program provides services to children who are Latinx or English learners, which are delivered by bilingual-bicultural clinicians. Services are available to children countywide and include specific outreach into rural portions of the county, where a disproportionate number of Yolo County residents are English learners and experience poverty.

The children's FSP program provides outreach and engagement, systems development, and FSP services for children and youth aged 0–15 with severe emotional disturbance who meet medical necessity for specialty mental health services. The children's FSP program utilizes a client-centered, strengths-based, community service model that emphasizes the importance of delivering treatment in settings that best meet the needs of children and families and includes a wide array of services that support recovery, wellness,

and resilience to keep children and their families healthy, safe, and successful in their homes, schools, and community.

The Full Service Partnership (FSP) program assists children in accessing behavioral support services such as assessment; individual, group, and family therapy; medication support services; and case management assistance (which includes but is not limited to assistance with transportation, obtaining housing, fulfilling basic needs, developing social supports, care coordination, and linkage to community resources). The children's FSP program also utilizes a team approach that ensures that all clients and families served by the program are assigned to a mental health therapist, case manager, and parent partner. All children's FSP clients and their caregivers have access to a team member follow up known to the family and familiar with the family's needs at all times for crisis support services.

The target population for the children's FSP program are Yolo County children aged 0–15 who are unserved, underserved, or inappropriately served and who experience barriers to accessing mental health treatment services. This includes children who are seriously emotionally disturbed and experiencing or at risk of experiencing:

- ▶ Homelessness or insecure housing
- ▶ Foster placement (including children transitioning to less-restrictive environments)
- ▶ Involvement with the criminal justice system or probation

- ▶ Substance use or abuse
- ▶ Violent behavior (including homicidal ideation)
- ▶ Expulsion from school
- ▶ Significant self-harm behavior (including suicidal ideation)
- ▶ Hospitalization or institutionalization

This program is currently provided by Yolo County HHS through a contract with Turning Point Community Programs. The current capacity of the program is 25 children.

Key activities of the children's FSP program will support children to improve their psychosocial well-being, reduce mental health-related hospitalizations, reduce involvement with the criminal justice system, reduce homelessness, and improve functioning in the family, school, and community by:

- ▶ Educating children and their families or other caregivers regarding mental health diagnosis and assessment, medications, services and support planning, treatment modalities, and other information related to mental health services and the needs of children and youth.
- ▶ Providing intensive support services to children classified as FSP and their families, including individual and family therapy.
- ▶ Providing services to support families of FSP children.
- ▶ Developing integrated service plans that identify needs in the areas of mental health, physical health, education, and socialization.

- ▶ Providing medication management services and nursing support, if needed.
- ▶ Supporting children to achieve academic success.
- ▶ Providing community-based services at the child’s home, schools, and appropriate community locations.
- ▶ Delivering mobile services, including assessment, treatment, and telepsychiatry, to reach children and their families who cannot access mental health services as a result of barriers to access (rural, transportation difficulties, etc.) or other disabilities.
- ▶ Providing navigation and linkages to families in need of resources in the community for mental health services through a family partner.
- ▶ Operating a 24-hour crisis phone line to provide support to the child or family from a person known to the family and familiar with the family’s needs.
- ▶ Referring and linking clients to other community-based providers for other needed social services and primary care.
- ▶ Providing transportation to and from services.

Goal 1	Provide FSP, system development, and outreach and engagement services to all children up to age 20 in Yolo County who are experiencing serious emotional difficulties.
Goal 2	Expand and augment mental health services to enhance service access, delivery, and recovery.
Goal 3	Provide high-quality, community-based mental health services to Yolo County children aged 0-15 who are experiencing serious emotional disturbances.
Objective 1	Increase the level of participation and involvement of ethnically diverse families in all aspects of the public mental health system.
Objective 2	Reduce ethnic and cultural disparities in accessibility, availability and appropriateness of mental health services to more adequately reflect mental health prevalence estimates.
Objective 3	Increase the array of community supports for children and youth diagnosed with serious emotional disturbance and their families.
Objective 4	Improve success in school and at home, and reduce institutionalization and out-of-home placements.

Estimated FY21/22 Costs	Estimated Number to be Served FY21/22	Estimated Cost/Person Served
\$682,309	90	\$7,581

UPDATE: This is an existing program that has had no significant changes in the past year.

Community Services & Supports (TAY 16–25)

● FSP

● Non-FSP

Program name: **Pathways to Independence**

Status:

● Started

○ Pending

○ Canceled

○ New 21/22

○ COVID delayed

Target Population:

○ Children
Aged 0–5● Transitional-age
Youth Aged 16–25○ Adult Aged
26–59○ Older Adult
Aged 60+**Program Description**

The Pathways to Independence Program provides outreach and engagement, systems development, and full-service partnership (FSP) services for youth aged 16–25 who meet medical necessity for county mental health services. The Pathways to Independence Program assists youth with access to behavioral support services including assessment; individual, group, and family therapy; medication support services; and case management assistance (which includes but is not limited to assistance with: transportation, obtaining housing, fulfilling basic needs, developing social supports, care coordination, and linkage to community resources). This program is provided by Yolo County HHSA. The program utilizes a client-centered, strengths-based, community service model that emphasizes the importance of delivering treatment in settings that best meet the needs of transitional-age youth and includes a wide array of services that support recovery, wellness, and resilience to assist youth with remaining safe, living independently, and making a successful transition to self-supportive adulthood. The program seeks to fully implement the transition to independence process (TIP) model in all phases of treatment. The TIP model establishes a practice framework that assists youth in setting and achieving their own short-term and long-term goals across relevant transition domains, such as: employment and career, educational opportunities, living situation, personal effectiveness and well-being, and community-life functioning.

The target population for the Pathways to Independence FSP Program are Yolo County youth aged 16–25 who are unserved, underserved, or inappropriately served and who experience barriers to accessing mental health treatment services. This includes youth who are seriously emotionally disturbed or who have a severe and persistent mental illness and who are experiencing or at risk of experiencing:

- ▶ Homelessness or insecure housing
- ▶ Emancipation from the child welfare or juvenile justice system
- ▶ Involvement with the criminal justice system or probation
- ▶ Substance use or abuse
- ▶ Self-injurious or high-risk behavior
- ▶ First onset of serious mental illness
- ▶ Hospitalization or institutionalization

The FSP program utilizes a team approach that ensures that all youth served by the program are assigned to a mental health therapist, case manager, and a peer support worker. All Pathways to Independence clients have access to a team member known to the youth and familiar with the youth's needs at all times for crisis support services. This program is currently provided by Yolo County HHSA through an internal team of therapists, case managers, and peer support workers. The current capacity of the program is 25 youth.

The Pathways to Independence program will continue to address the needs identified through this year and prior year's needs assessment, which emphasize access to case management and psychiatry and a continuum of

services across the county that include professional and peer support provided through transitional-age youth wellness centers in Davis, Woodland, and West Sacramento. As part of the process, stakeholders also identified a need for increased support for young people who are entering the mental health system and need help navigating the service system.

Key activities of the Pathways to Independence Program will support youth to improve their psychosocial well-being, reduce mental-health related hospitalizations, reduce involvement with the criminal justice system, reduce homelessness, improve community, and support a transition to self-supportive adulthood by:

- ▶ Educating youth and their families or other caregivers regarding mental health diagnosis and assessment, medications, services and support planning, treatment modalities, and other information related to mental health services and the needs of the youth.
- ▶ Providing intensive support services and case management to youth identified as FSP, including individual therapy and other collateral support, when needed.
- ▶ Developing integrated service plans that identify needs in the areas of mental health, physical health, education, job training, employment, housing, socialization, and independent living skills.

- ▶ Providing seamless linkages between the child, youth, and family mental health system and the adult and aging mental health system, as appropriate.
- ▶ Providing medication management services and nursing support, if needed.
- ▶ Assisting youth to enroll in entitlement programs for which they are eligible (to facilitate emancipation) including Social Security Disability Insurance, Supplemental Security Income, and Medi-Cal.
- ▶ Assisting youth with obtaining affordable housing in the community (including permanent affordable housing with combined supports for independent living).
- ▶ Providing life skills development to promote healthy independent living.
- ▶ Assisting youth with developing employment-related readiness skills and with seeking employment.
- ▶ Empowering youth to participate in efforts to reduce stigma associated with mental illness while developing confidence and public-speaking skills through the TAY Speakers Bureau.
- ▶ Supporting youth to graduate high school and pursue college or vocational school.
- ▶ Providing referrals and navigation support for substance abuse treatment services, when needed.
- ▶ Providing rehabilitative wellness programs, services, group support, and age-appropriate socialization activities.
- ▶ Providing services to support families of youth, as appropriate.
- ▶ Provide navigation and linkages to youth in need of resources in the county or community for mental health services through a peer navigator or outreach specialist.
- ▶ Referring and linking clients to other community-based providers for other needed social services and primary care.
- ▶ Delivering mobile services, including assessment, treatment, and telepsychiatry, to reach youth who cannot access services as a result of barriers to access (rural, transportation difficulties, etc.) or other disabilities.
- ▶ Transporting youth clients to and from mental health appointments or other program activities.
- ▶ Assisting youth to obtain a driver's license when appropriate.

Goal 1	Provide FSP, system development, and outreach and engagement services to youth aged 16–24 in Yolo County who are experiencing serious mental illness while transitioning to adulthood.
Goal 2	Expand and augment mental health services to enhance service access, delivery, and recovery.
Objective 1	Reduce ethnic and cultural disparities in accessibility, availability, and appropriateness of mental health services and more adequately reflect mental health prevalence estimates.
Objective 2	Address existing mental health challenges promptly with assessment and referral to the most effective services.
Objective 3	Support successful transition from the foster care and juvenile justice systems.

Estimated FY21/22 Costs	Estimated Number to be Served FY21/22	Estimated Cost/Person Served
\$2,092,947	75	\$27,905

UPDATE: In September of 2020, Yolo County made a decision to transition Full-Service Partnership (FSP) services from using County staff to contracted providers as a strategy to increase the number of individuals served and hours of service to fully align with MHSA expectations (24/7 availability to FSP clients of behavioral health professional that is known to the client). This change required a significant reorganization of staff and resources across both the Child, Youth, and Family Branch and the Adult and Aging Branch and coincided with staff attrition that impacted the Pathways to Independence Program. These staffing changes and the impact of the COVID-19 pandemic have created significant challenges for the program. At this time, the agency is continuing to provide services to Pathways clients utilizing staff from both CYF and A&A Branches, in anticipation of contracted providers taking over responsibility for the cases in the next few months. The County has secured contracts with Telecare and TLCS (AKA: Hope Cooperative) to provide FSP services and they will begin administering these services during FY 2021/22.

Prevention and Early Intervention Program Plan

Update 2021–2022

PREVENTION

Reduce risk for developing a potentially SMI and to build protective factors. Activities can include universal prevention strategies geared towards populations who may be more at risk of developing SMI.

Yolo County Programs/Strategies:

Youth Early Intervention Program

EARLY INTERVENTION

Treatment and interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence with a goal to lessen the severity and duration of mental illness.

Yolo County Programs/Strategies:

K-12 School Partnerships

College Partnerships

Senior Peer Counseling

Maternal Mental Health Access Hub

Cultural Competence

IMPROVE TIMELY ACCESS TO SERVICES FOR UNDERSERVED POPULATIONS

Track and evaluate access and referrals for services specific to populations identified as underserved.

Yolo County Programs/Strategies:

Yolo County currently does not have any programs or strategies that fall under this category.

OUTREACH FOR INCREASING RECOGNITION OF EARLY SIGNS OF MENTAL ILLNESS

Activities or strategies to engage, encourage, educate, and/or train potential responders about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness.

Yolo County Programs/Strategies:

Early Signs Training and Assistance

ACCESS AND LINKAGE TO TREATMENT

Activities to connect children, adults and seniors with severe mental illness as early in the onset of these conditions as practicable, to medically necessary care and treatment.

Yolo County Programs/Strategies:

Early Childhood Mental Health & Linkage

STIGMA AND DISCRIMINATION REDUCTION

Direct activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or to seeking mental health services, which can include training and education, campaigns, and web-based resources.

Yolo County Programs/Strategies:

**Latinx Outreach/
Mental Health Promotores Program**

SUICIDE PREVENTION

Organized activities that prevent suicide as a consequence of mental illness, which can include trainings and education, campaigns, suicide prevention networks, capacity building programs, culturally specific approaches, survivor-informed models, screening programs, suicide prevention hotlines, or web-based suicide prevention resources.

Yolo County Programs/Strategies:

Early Signs Training and Assistance

The Yolo County Suicide Prevention Hotline is embedded within the Early Signs Training and Assistance Program

Prevention and Early Intervention (AA)

FSP

Non-FSP

Program name: **Senior Peer Counseling Program**

Status:

Started

Pending

Canceled

New 21/22

COVID delayed

Target Population:

Children Aged 0-5

Transitional-age Youth Aged 16-25

Adult Aged 26-59

Older Adult Aged 60+

Program Description

The Senior Peer Counseling Program mobilizes volunteers from the community to provide free, supportive counseling and visiting services for adults aged 60 or older in Yolo County who are troubled by loneliness, depression, loss of spouse, illness, or other concerns of aging. Services are voluntary, consumer directed, and strengths based. By providing psychosocial supports and identifying possible signs and symptoms of mental illness early on and with ongoing assistance, senior peer counselors assist older adults to live independently in the community for as long as reasonably possible.

Senior Peer Counseling volunteers coordinate with existing HHSA older adult service programs to provide opportunities for earlier intervention to avoid crises for older adults and create more opportunities for their support through companionship and counseling. Volunteers and staff members employ wellness and recovery principles, addressing both immediate and long-term needs of program members and delivering services in a timely manner with sensitivity to the cultural needs of those served.

Key activities for the Senior Peer Counseling Program will support outcomes of improved service access and connection for older adults and prolonged healthy and safe independent living by:

- ▶ Recruiting, screening, and coordinating all peer counselor volunteers.
- ▶ Training peer counselors in mental health resources, signs of mental illness, and how to work with older adults experiencing mental illness.
- ▶ Visiting older adults in the home or in the community to provide companionship and social support.
- ▶ Coordinating with the Friendship Line, a warmline and hotline that is operated out of the San Francisco Institute on Aging.
- ▶ Referring and linking consumers to other community-based providers for other needed social services and primary care.

Goal 1	Support older adults to live independently in the community for as long as reasonably possible while ensuring their mental and physical well-being.
Objective 1	Recruit, train, and support volunteers to provide peer counseling services.
Objective 2	Support independent living and reduce social isolation for seniors.
Objective 3	Promote the early identification of mental health symptoms in older adults.

Estimated FY21/22 Costs	Estimated Number to be Served FY21/22	Estimated Cost/Person Served
\$48,400	250	\$194

UPDATE: Programs have managed to continue services during the pandemic. Volunteer recruitment for in-person services was halted, but the program continued outreach and engagement. The Peer Support Workers provide one-to-one check-ins while clients continue staying at home.

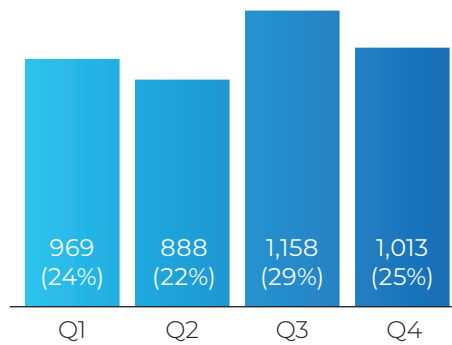
The Senior Peer Counseling program had a turnover in leadership this year and is making tremendous progress in marketing the program, engaging new volunteers and creating a training program.

Evaluation Data for Senior Peer Counseling

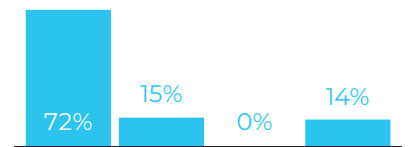
0.5 TOTAL FTEs
12 SENIOR PEER COUNSELORS

We served **281 clients** in 2019-2020!

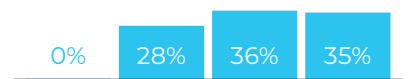
CLIENT CONTACTS (TOTAL = 4,028)



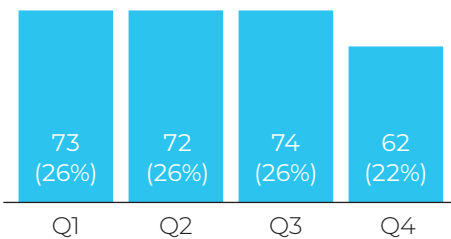
NEW CLIENTS (TOTAL = 116)



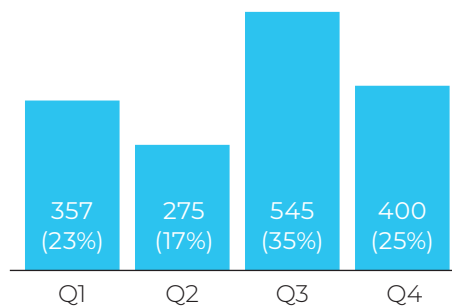
RETURNING CLIENTS (TOTAL = 236)



PARTICIPANTS SERVED (TOTAL = 281)

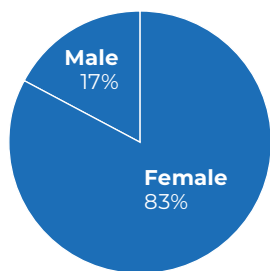


VOLUNTEER HOURS OF SERVICE PROVIDED (TOTAL = 1,577)



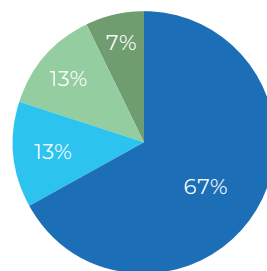
8% of older adults reported an ability to maintain level of self-care/independence as a result of contact with Senior Peer Counselor volunteers.

CLIENT SNAPSHOT



17% have a disability
15% Veterans
<1% Gay or Lesbian

CLIENTS SERVED BY DISABILITY TYPE

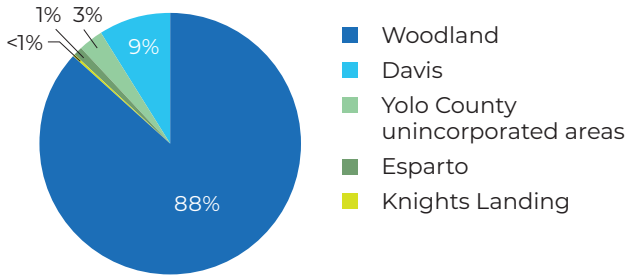


- Physical Mobility Domain: Physical or mobility issue
- Communication Domain: Difficulty hearing or having speech understood
- Other Disability
- Mental Domain: Not including mental illness (including but not limited to learning disabilities, developmental disabilities, or dementia)

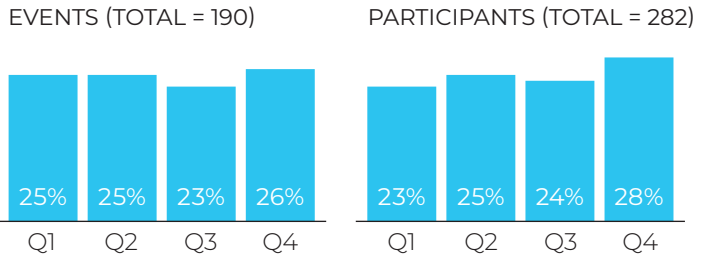
CLIENTS SERVED BY RACE (%)



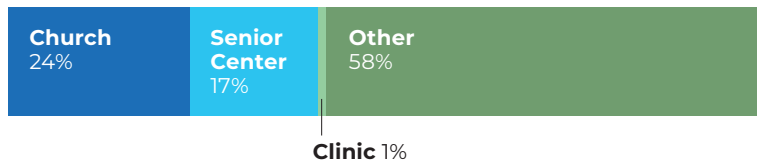
CITY OF RESIDENCE



WE HELD 190 EVENTS IN 2019-2020!



OUTREACH SETTINGS



PROGRAM ACCOMPLISHMENTS

- ▶ All clients received 2 contacts per week (phone and text/card/email)
- ▶ Two clients accomplished their goals and “graduated” from the program
- ▶ Created new program brochure
- ▶ Developed comprehensive system for tracking volunteer-client interactions
- ▶ Held bi-weekly supervision meetings via Zoom for volunteers to update the team about successes and concerns, and have peer-to-peer connection

PROGRAM CHALLENGES

Volunteer engagement was difficult when meeting in person became impossible due to COVID-19. Clients who live in facilities became unreachable as those facilities’ restrictions tightened. Clients were concerned and cautious and sometimes didn’t respond to active volunteers.

Prevention and Early Intervention (AA)

FSP

Non-FSP

Program name: **Latinx Outreach/Mental Health Promotores Program**

Status:

Started

Pending

Canceled

New 21/22

COVID delayed

Target Population:

Children Aged 0-5

Transitional-age Youth Aged 16-25

Adult Aged 26-59

Older Adult Aged 60+

Program Description

The Latinx Outreach/Mental Health Promotores Program provides culturally responsive services to Yolo County Latinx residents (aged 18 or older) with health issues, mental health illnesses, or substance use issues. The program serves the entire Latinx community and seeks to develop relationships between providers and consumers, including their supports, families, and community.

This program addresses several needs, including:

- ▶ Integrating behavioral health services (to decrease costs to the county and providers for uninsured individuals).
- ▶ Reducing mental health hospitalizations for patients receiving services.
- ▶ Increasing the quality of life and independence for individuals with health, mental health, and substance use issues.
- ▶ Expanding participatory input on program activities.
- ▶ Reducing stigma in the Latinx community with a resulting increase in service penetration rates in that community.

By utilizing promotores (a Latinx community member who receives training to provide basic health and mental health education in the community), information can be disseminated to the community in culturally appropriate ways. Promotores focus on addressing the engagement challenges that arise due to stigma related to mental illness, the transient nature of seasonal harvest workers, long working hours for the population, and geographical barriers (e.g., rural or isolated settings) that make traveling to and from behavioral health service locations difficult. To ensure accessibility, the program’s outreach strategy follows a “meet individuals where they are” approach that includes a mobile component. Promotores can visit local farms and worksites to provide information and resources to the target population. Additionally, the program offers extended hours beyond traditional work hours each month, including events during the weekend.

Key activities of Latinx Outreach/Mental Health Promotores will support outcomes around improved mental health wellness, personal, social, and community stability,

and connection to other services by:

- ▶ Providing culturally competent and evidence-based practices training for staff.
- ▶ Providing counseling services in accessible locations at convenient times.
- ▶ Providing culturally competent services in English and Spanish.
- ▶ Using evidence-based practices and implementing quality-assurance practices.
- ▶ Increasing access to primary care mental health and substance abuse treatment services for Latinx residents of Yolo County, including weekly outreach activities and whole-person health screenings.
- ▶ Connecting Latinx residents to entitlement supports as needed.
- ▶ Providing screening, assessment, short-term solution-focused therapy, and access to psychiatric support for medication assistance to address mental health concerns.
- ▶ Reducing stigma and behavioral health underutilization in Latinx communities.

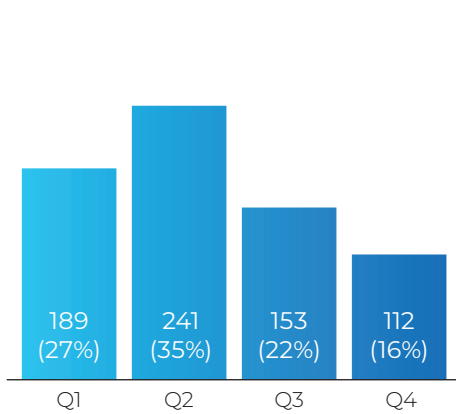
Goal 1	Provide comprehensive health services, including physical and behavioral health, to the Latinx community.
Goal 2	Expand and augment mental health services to enhance service access, delivery, and recovery.
Objective 1	Utilize culturally responsive approaches to engaging the Latinx population.
Objective 2	Increase engagement with Latino men.
Objective 3	Improve health and behavioral health outcomes for the Latinx population.

Estimated FY21/22 Costs \$438,512	Estimated Number to Be Served 200	Estimated Cost/Person Served \$2,193
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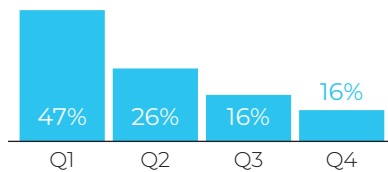
UPDATE: Programs have managed to continue services during the pandemic. The Promotores program continued their services as well.

Evaluation data for: **Latino Promotore Program**

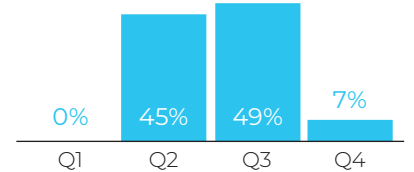
CLIENT CONTACTS (TOTAL = 695)



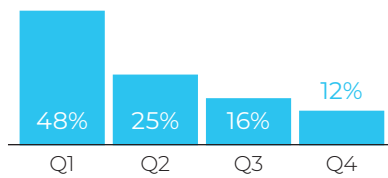
NEW CLIENTS (TOTAL = 116)



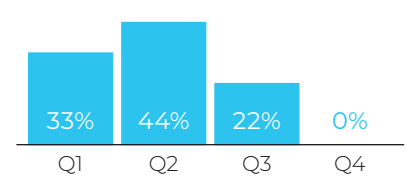
NEW CLIENTS (TOTAL = 116)



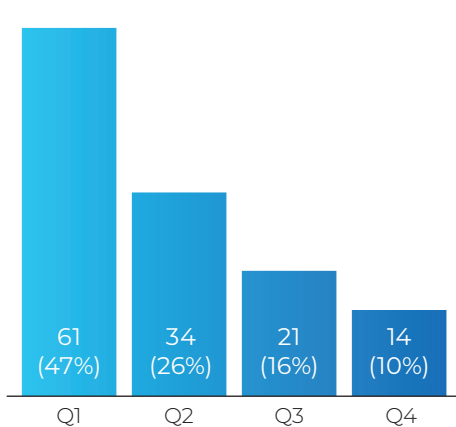
RETURNING CLIENTS (TOTAL = 236)



RETURNING CLIENTS (TOTAL = 236)



PARTICIPANTS SERVED (TOTAL = 130)



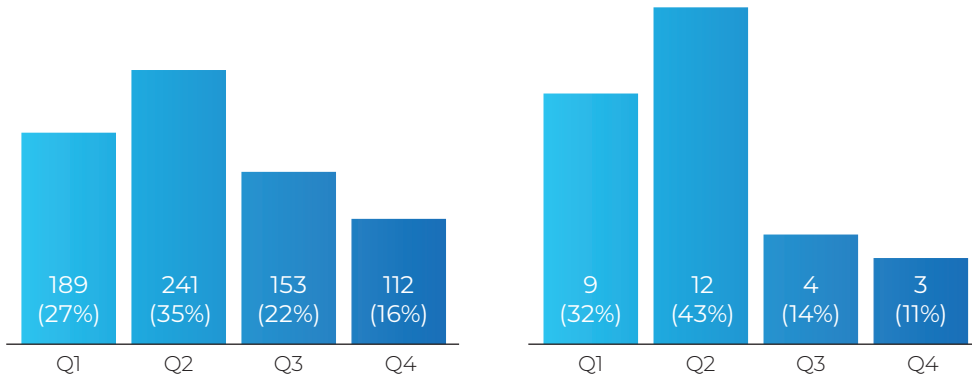
We served **130 clients** in 2019–2020!

16 clients were referred for services

100% received services and reported positive outcomes

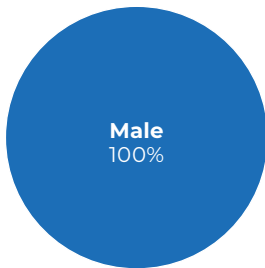
7 days Average interval between referral and treatment

SERVICE UNITS PROVIDED (TOTAL = 695)



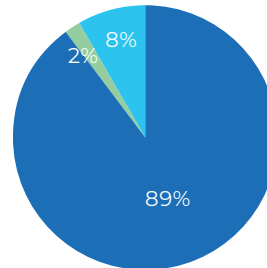
100% of participants reported being satisfied with the services provided and that their cultural background/beliefs/language was respected

CLIENT SNAPSHOT



- 76%** Male Heads of Household
- 76%** Ages 26-59 **24%** Ages 16-25
- 0%** Have a disability
- 0%** Veterans
- 2%** Gay or Lesbian

CLIENTS SERVED BY AGE

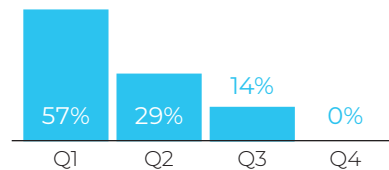


- Mexican/Mesican-American/Chicano
- Central American
- South American

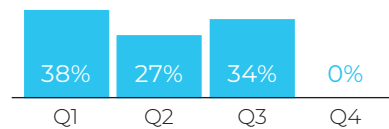
100% of clients received serices in Spanish as their preferred language

CLIENTS' CITY OF RESIDENCE	%
Esparto	55
Winters	12
Guinda	9
Madison	8
Dunnigan	6
Brooks	5
Knights Landing	4

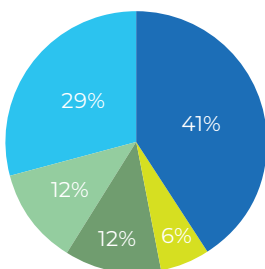
EVENTS (TOTAL = 7)



PARTICIPANTS (TOTAL = 478)



OUTREACH SETTINGS



- Other
- Church
- School
- Family Resource Center
- Clinic

Prevention and Early Intervention (CYF 0-5)

Over 25

Under 25

Program name: **Early Childhood Mental Health Access and Linkage Program**

Status:

Started

Pending

Canceled

New 21/22

COVID delayed

Target Population:

Children Aged 0-5

Transitional-age Youth Aged 16-25

Adult Aged 26-59

Older Adult Aged 60+

Program Description

The Early Childhood Mental Health (ECMH) Access and Linkage Program provides universal screenings to parents and their children aged 0-5 to identify young children who are either at risk of or beginning to develop mental health problems that are likely to affect their healthy development. The ECMH Access and Linkage program then connects children and their families to services that would either prevent or provide early intervention to address mental health problems affecting healthy development.

The ECMH Access and Linkage Program provides screening, identification, and referral services for children aged 0-5 in the community setting to: provide prompt identification and intervention for potential issues and provide timely access to and coordination of services

to address existing issues at appropriate service intensity. Children will be linked to the most suitable service, regardless of funding source or service setting (e.g., county, EPSDT, or school).

The purpose of this program is to address the needs identified during the community program planning process for a simplified method of assessment and referral of children to the services that they need. Community stakeholders identified that due to the multitude of programs available and different admission criteria for each, children and youth were not always linked appropriately. This program seeks to bridge this gap by placing a referral and access specialist in community settings to serve children aged 0-5.

Key activities of the ECMH Access and Linkage Program will support outcomes around preventing the development of

mental health challenges in children and improved linkages to mental health services by:

- ▶ Providing assessment and referrals for children aged 0-5 and their families in community settings.
- ▶ Addressing service access challenges when they are identified.
- ▶ Maintaining an up-to-date list of available programs and services across funding sources.
- ▶ Maintaining relationships with available programs and services to smoothly facilitate linkages.
- ▶ Performing outreach to community to raise awareness of the program's purpose and services.

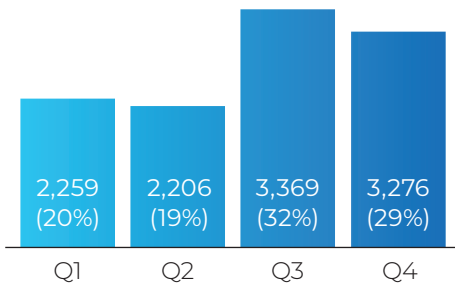
Goal 1	Connect children to the appropriate prevention or mental health treatment service.
Goal 2	Expand and augment mental health services to enhance service access, delivery and recovery.
Objective 1	Prevent the development of mental health challenges through early identification.
Objective 2	Address existing mental health challenges promptly with assessment and referral to the most effective service.
Objective 3	Strengthen access to community services for children and their families.

Estimated FY21/22 Costs	Estimated Number to Be Served FY21/22	Estimated Cost/Person Served
\$400,000	9,000	\$44

UPDATE: This is an existing program that has had no significant changes in the past year.

Evaluation data for: **Help Me Grow Yolo County**

CLIENT CONTACTS (TOTAL = 11,380)

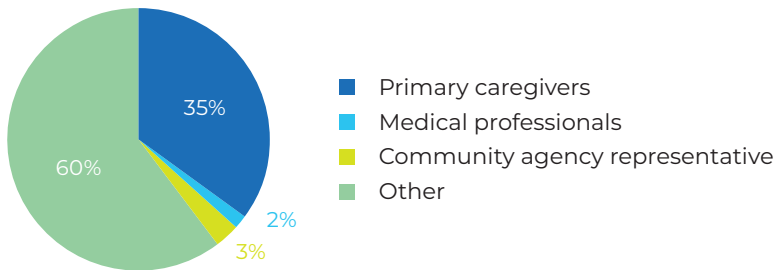


55,507 “Touches” — combination of direct interactions & potential touches through distributed marketing materials

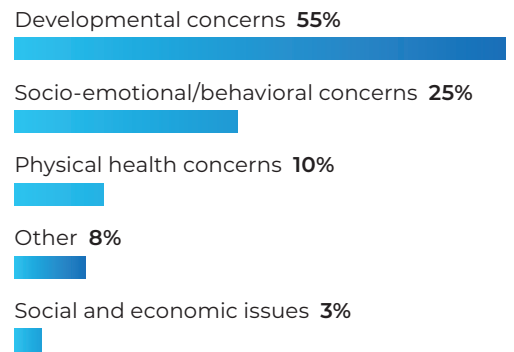
128 calls to the center

We conducted **713 trainings** with **9,911 participants** this year!

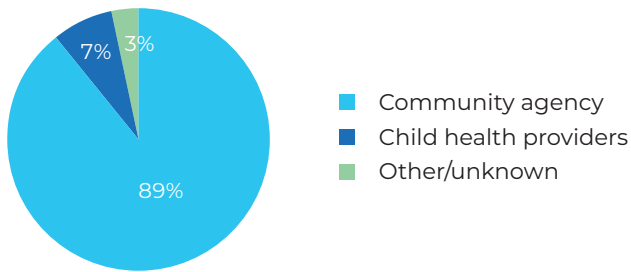
PERSON CONTACTING HELP ME GROW ON BEHALF OF CHILD (TOTAL = 3,590)



ISSUE AT TIME OF REFERRAL



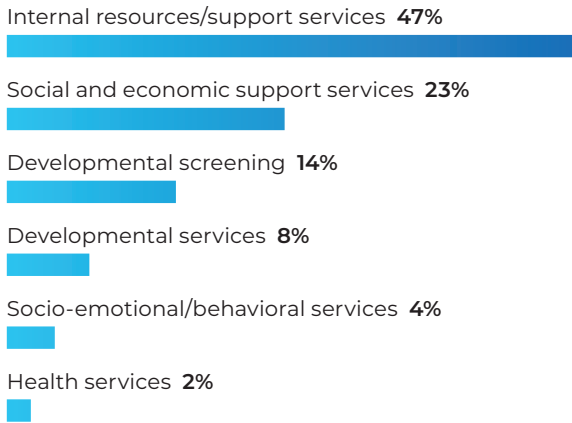
HOW PARENTS/GUARDIANS HEARD ABOUT HELP ME GROW (TOTAL = 998)



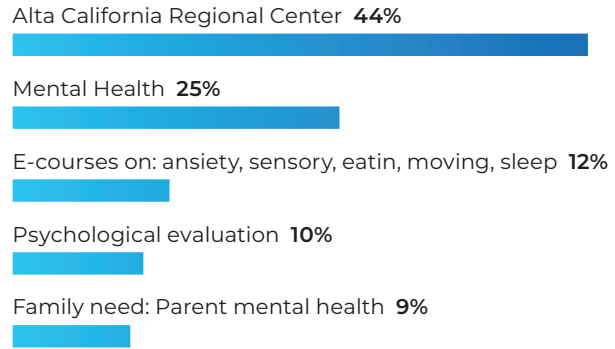
CLIENTS BY TYPE

	Q1	Q2	Q3	Q4	TOTAL
New Clients (not seen previously in this Fiscal Year)	14%	16%	15%	55%	4,253
Returning Clients (returning from previous quarter in same Fiscal Year)	0%	14%	51%	35%	689
Individual Family Members Served	22%	15%	13%	50%	8,985
New Clients Served: Prevention	15%	15%	14%	56%	4,127
New Clients Served: Early Intervention	43%	23%	17%	16%	222

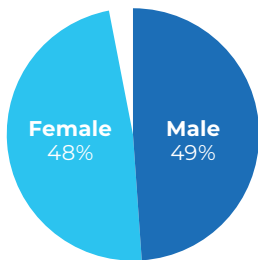
TYPES OF SERVICES CHILD/FAMILY REFERRED TO



TREATMENT/PROGRAM CLIENT WAS REFERRED TO (TOTAL = 222)



CLIENT SNAPSHOT

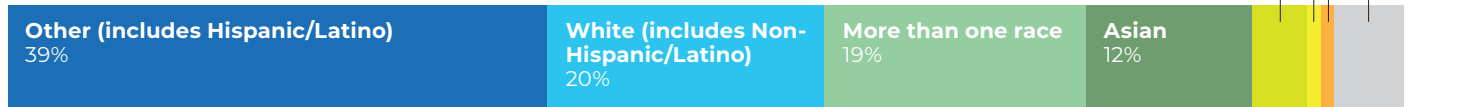


100% Ages 0-15

7% Have a disability

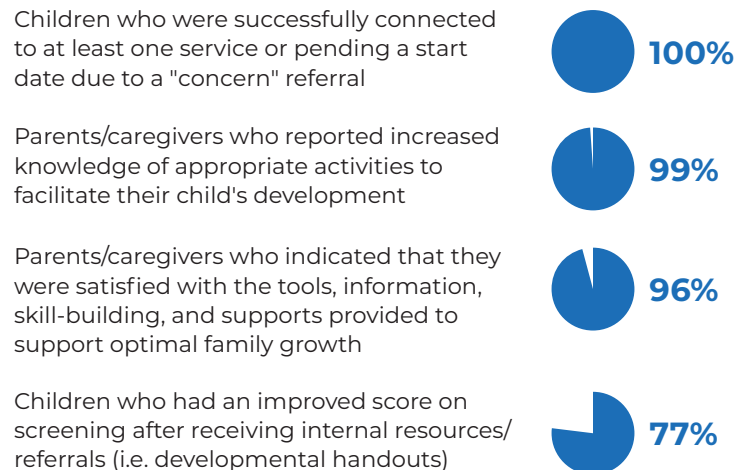
Note: Responses of "Not Recorded" were removed from the analysis.

CLIENTS SERVED BY RACE (%)



CLIENTS' CITY OF RESIDENCE	%
Woodland	35%
West Sacramento	31%
Davis	12%
Winters	5%
Out of County	5%
Sacramento [board and care]	4%
Esparto	3%
Madison	3%
Brooks, Dunnigan, Knights Landing, Yolo, Yolo County Unincorporated areas, Clarksburg, Guinda, Homeless	<1%

IS ANYONE BETTER OFF?



PROGRAM ACCOMPLISHMENTS

- ▶ The total number of new clients increased significantly as we reached out to families from previous years to remind them of our services.
- ▶ Help Me Grow Yolo County started providing virtual developmental groups every weekday, reflected in the dramatic increase of outreach events held.
- ▶ Our increased focus on outreach to rural communities has shown a significant increase in clients served in those areas; with over 65% of the rural clients being reached in Q4.
- ▶ Help Me Grow Yolo County ramped up its social media presence by increasing posts, creating more original posts, and putting more focus into Instagram and Pinterest.
- ▶ Help Me Grow Yolo County participated in a Diaper Distribution event throughout the county and included information about our program.
- ▶ Help Me Grow Yolo County was able to increase the number of outreach participants by partnering with the City of Woodland Parks and Recreation and Woodland Joint Unified School District to distribute activities, resources, and Help Me Grow Yolo County information for families.
- ▶ Families attending the sensory group became more regular to the group. Attendance improved and participants were more engaged since they had the materials and instructions for the project of the day during the class.

PROGRAM CHALLENGES

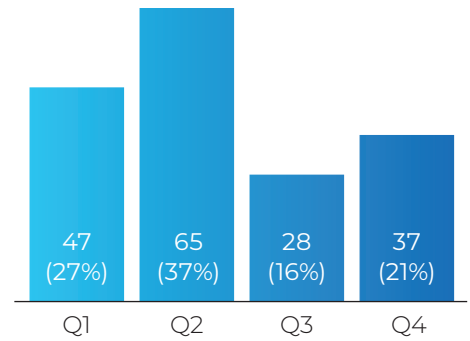
The program had to pivot to accommodate for COVID-19. We switched our 3x/week in-person developmental playgroups to 5x/week virtual groups with increased capacity when no longer needing a physical location. The second half of the fiscal year historically provided the most outreach opportunities, but in-person events were cancelled. Other programs also became overwhelmed with the necessary changes and the ability to work with them was put on hold while agencies figured out their next steps. The staff at Help Me Grow Yolo County/Northern California Children's Therapy Center were sheltering-at-home but the office is now staffed with someone every weekday.

Evaluation Data for **Maternal Mental Health Services**

3 TOTAL FTEs
18 CLIENTS WHO RECEIVED IN-HOME COGNITIVE BEHAVIORAL THERAPY
102 SESSIONS PROVIDED

20 clients were referred in 2019–2020
50% received in-home assessments

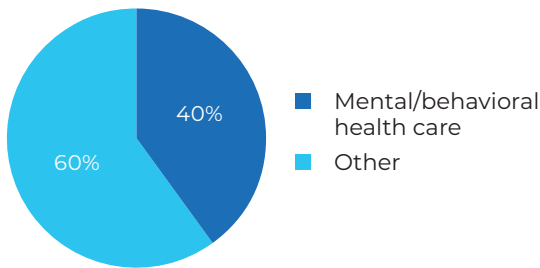
CLIENT CONTACTS (TOTAL = 177)



CLIENTS BY TYPE	Q1	Q2	Q3	Q4	TOTAL
New Clients (not seen previously in this Fiscal Year)	50%	11%	22%	17%	18
Returning Clients (returning from previous quarter in same Fiscal Year)	0%	55%	9%	36%	11
New Clients Served: Early Intervention	50%	11%	22%	17%	18

95% CLIENTS ELIGIBLE FOR IN-HOME CBT
50% CLIENTS RECEIVING IN-HOME CBT

OUTREACH SETTING

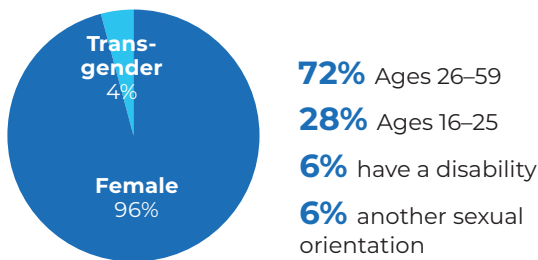


We held **5 outreach events** with **170 total participants** this year!

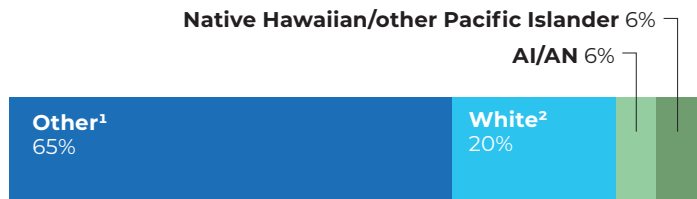
CLIENT OUTCOMES

- 100% % of clients showing improvements in function, skill development, PM, and strengths
- 89% % of clients showing improvement on pre/post Patient Health Questionnaire, PHQ-9, and self-report of functioning
- 81% % of clients reporting they were able to access services because of home visiting capability of the mental health therapists
- 33% % of clients completing PM CBT/Graduating

CLIENT SNAPSHOT



NUMBER OF CLIENTS SERVED BY RACE



1. Includes Hispanic/Latino. 2. Includes Non-Hispanic/Latino. Note: Responses of "Not Recorded" were removed from the analysis.

61% of clients were Hispanic or Latino
28% of clients requested communications in Spanish

CLIENTS' CITY OF RESIDENCE	%
Woodland	50%
West Sacramento	17%
Winters	11%
Davis	11%
Esparto	6%
Madison	6%

PROGRAM ACCOMPLISHMENTS

- ▶ Clinicians were able to engage with all clients referred who continued to meet criteria for treatment despite abrupt transition to telehealth as the result of the COVID-19 pandemic.
- ▶ One client experienced an elimination of symptoms prior to engaging in treatment after having a medical condition treated.
- ▶ Staff referral response time improved.
- ▶ The quality of the referrals from community partners has improved, meaning all clients referred met program enrollment criteria when they were referred.
- ▶ The program graduated its first transgender client, who responded positively to CBT model of treatment.

PROGRAM CHALLENGES

Despite moving to a telehealth model as the result of COVID-19 social distancing requirements, clients continued to struggle with consistent attendance. Prior to COVID-19 sheltering restrictions, client's reported conflicting appointments, illness as reasons for rescheduling appointments. Following the COVID -19, client's reported challenges of getting time and space to themselves to engage in treatment with children out of care/school and in their care full time.

Prevention and Early Intervention (CYF)

Over 25

Under 25

Program name: **K-12 School Partnerships Program**

Status:

Started

Pending

Canceled

New 21/22

COVID delayed

Target Population:

Children and Transitional-age Youth Aged 6–18

Adult Aged 26–59

Older Adult Aged 60+

Program Description

The K-12 School Partnerships Program collaborates with school districts and community-based organizations to embed clinical staff members at schools throughout the county to provide a wide array of services including universal screening, assessment, referral, and treatment for children and youth aged 6–18. Similar to the Early Childhood Mental Health Access and Linkage Program, the K-12 School Partnerships Program helps identify children and youth who need mental health services and expand the current service model to provide direct services and supports to students and the school system. The K-12 School Partnerships program provide evidence-based, culturally responsive services and offer promising practices in outreach and engagement for at-risk children and youth that build their resilience and help mitigate and support their mental health experiences.

This new school-based program builds on two previous iterations of school-based MHSA programs to respond to stakeholder feedback regarding the need to expand access to mental health services on school campuses throughout the county. The focus of the newly designed K-12 School Partnerships Program will leverage MHSA and EPSDT funds and local control (LCAP/LCFF) funds from school districts to expand the array of mental health services and supports available on school campuses. The vision of these district-specific partnerships is to increase access to mental health services in locations that are easily

accessible to students and families. The program expands the current, and more limited, array of services and supports available to students to more fully integrate mental health services into the school systems by utilizing an integrated systems model and multitiered systems of support. The goal of this integrated approach is to blend resources, training, systems, data, and practices to improve outcomes for all children and youth. There is an emphasis on prevention, early identification, and intervention of the social, emotional, and behavior needs of students. Family and community partner involvement is critical to this framework.

The K-12 School Partnerships Program provides comprehensive and universal screening, identification, and referral services for children and youth aged 6–18 in school-based settings to: (a) provide prompt identification and intervention for potential issues; (b) provide timely access to and coordination of services to address existing issues at appropriate service intensity; and (c) utilize evidence-based practices and data-driven decision making focused on ensuring positive outcomes for all children, youth, and their families. Children, youth, and their families are linked to the most suitable service, regardless of funding source or service setting (e.g., county, EPSDT, or school). Services are culturally responsive and embedded in schools in each district and will provide community-, district-, and school-specific services to meet the unique needs of children, youth, and their families.

The purpose of this program is to

address the needs identified during the community planning process for an expanded array of mental health services and supports for children and youth on school campuses throughout the county. This program greatly expands the reach of mental health services outside of the typical service delivery setting and provides interventions that are likely to reduce the stigma associated with receiving mental health services. This program also intends to target services in both urban and rural areas of the county and in the Latinx community. Stakeholders identified that although services are currently available on school campuses, they are limited and the overall needs outweigh capacity.

Key activities of the K-12 School Partnerships Program will support outcomes around preventing the development of mental health challenges in children of all ages, improved linkages to mental health services, improved mental health wellness, school engagement, and personal, social, and community stability by:

- ▶ Supporting children and youth to increase their social, emotional, and coping skills, including anger management, distress tolerance, self-esteem, relationship building, and cognitive life skills.
- ▶ Supporting school staff, parents, and caregivers to learn trauma-informed and strength-based skills to support children and youth.
- ▶ Providing comprehensive screening and assessment for children aged 6–18 and their families in school settings.

- ▶ Providing direct services and supports to children and youth aged 6–18 on school campuses and referral to higher levels of care as needed.
- ▶ Addressing service access challenges when they are identified.
- ▶ Providing training and consultation to school staff to build capacity in schools to identify and support students with mental health needs.
- ▶ Maintaining an up-to-date list of available programs and services across funding sources.
- ▶ Maintaining relationships with available programs and services to smoothly facilitate linkages.
- ▶ Performing outreach to schools, staff, and the community to raise awareness of the program’s purpose and services.

Goal 1	Increase access to a continuum of mental health services in locations that are easily accessible to students and their families.
Goal 2	Expand and augment mental health services to enhance service access, delivery, and recovery.
Objective 1	Prevent the development of mental health challenges through early identification.
Objective 2	Address existing mental health challenges promptly with assessment, referral to the most effective service, and short-term treatment.
Objective 3	Increase capacity to support wellness on school campuses by expanding access to mental health services and supports for children, youth, and their families.

Estimated FY21/22 Costs	Estimated Number to Be Served FY21/22	Estimated Cost/Person Served
\$1,120,339	1,000	\$1,120

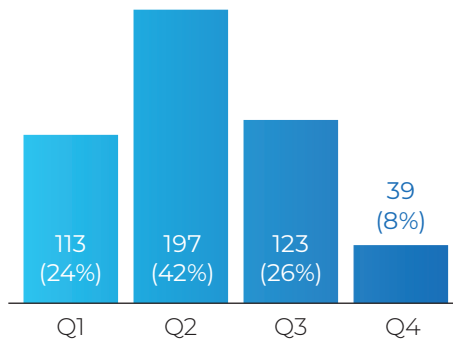
UPDATE: Due to collective impacts of the COVID-19 pandemic that interfered with the project timeline (including delays in developing contracts for the K-12 School Partnerships Program), Yolo County extended the contracts for the School Based Access and Linkages and Mentorship/Strengths-Building programs described in the [Yolo County MHSA Plan \(2017–2020\)](#) (see pp. 53–56). These programs will terminate when the K-12 School Partnerships program becomes operational in 2021. The K-12 School Partnerships program will be administered through four separate contracts to provide services to the identified geographical catchment areas of: Davis, Esparto/Winters, West Sacramento, and Woodland.

Evaluation Data for **Rural School-Based Access and Linkage Program**

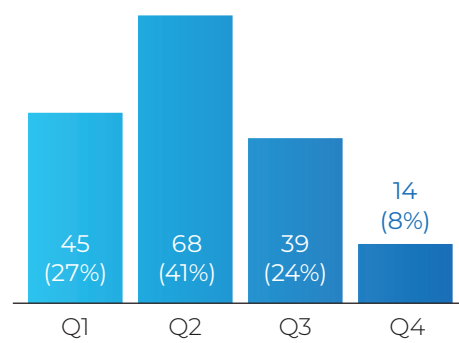
2 TOTAL FTEs (ALL BILINGUAL)

We served **166 clients** in 2019–2020!

CLIENT CONTACTS (TOTAL = 472)



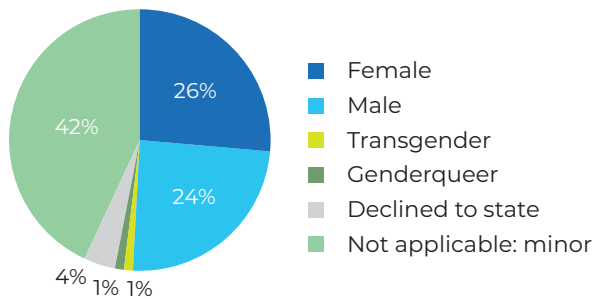
PARTICIPANTS SERVED (TOTAL = 166)



CLIENTS BY TYPE	Q1	Q2	Q3	Q4	TOTAL
New Clients	27%	41%	24%	8%	166
Returning Clients	0%	0%	0%	0%	0

100% of children needing mental health triage received the service within **48 hours** of referral from school districts or family referral.

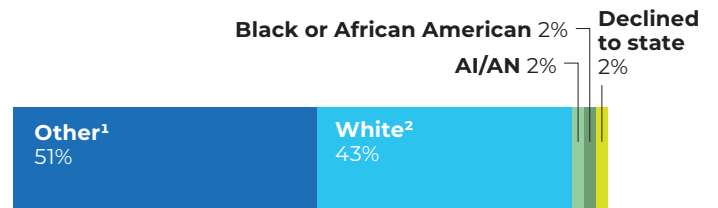
CLIENT SNAPSHOT



Note: Responses of "Not Recorded" were removed from the analysis.

- 28%** have a disability
- 0%** Veterans
- 1.8%** Gay or Lesbian
- 3.6%** Bisexual
- 1.8%** Questioning
- <1%** Queer
- 1.3%** Declined to state
- 49%** Not applicable: minor

CLIENTS SERVED BY RACE (%)



1. Includes Hispanic/Latino. 2. Includes Non-Hispanic/Latino. Note: Responses of "Not Recorded" were removed from the analysis.

- 63%** of clients were Hispanic or Latino
- 2%** of clients requested written communication in Spanish
- 3%** of clients requested spoken communication in Spanish

CLIENTS' CITY OF RESIDENCE	%
Esparto	41
Winters	37
Knights Landing	6
Woodland	5
Brooks	3
Yolo County Unincorporated Areas	2
Madison	2
Yolo	1
Guinda	1
West Sacramento	1
Sacramento (board & care)	1

CLIENTS BY TYPE	Q1	Q2	Q3	Q4	TOTAL
Events	15%	56%	19%	11%	27
Participants	63%	22%	10%	6%	351

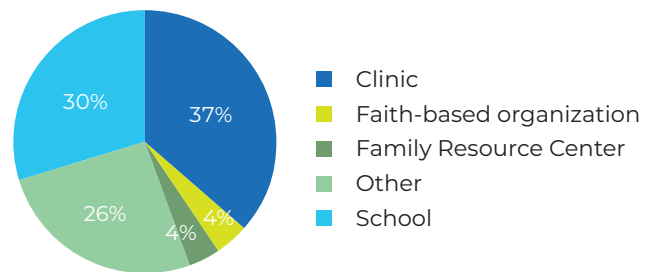
PROGRAM ACCOMPLISHMENTS

- ▶ 100% of youth (14) referred were connected and received at least one mental health service in Q4.
- ▶ 100% of children received services in their preferred language
- ▶ In Q4, 75% of family members reported improvement in child/youth family circumstances
- ▶ 91% of respondents reported they saw an improvement after 90 days of receiving mental health services

CLIENTS SERVED BY DISABILITY TYPE (99 CLIENTS TOTAL) %	
Communication Domain: Difficulty seeing	5
Communication Domain: Difficulty hearing or having speech understood	7
Communication Domain: Other	0
Physical Mobility Domain: Physical or mobility issue	3
Chronic Health Conditions: including but not limited to chronic pain	1
Other Disability	1
Mental Domain: Not including mental illness (including but not limited to learning disabilities, developmental disabilities, or dementia)	12
Total	100

Note: Responses of "Not Recorded" were removed from the analysis.

OUTREACH SETTINGS

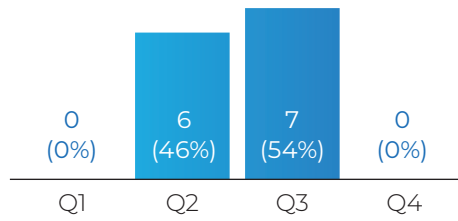


PROGRAM CHALLENGES

Families are really struggling due to the COVID Shutdown. Our team is doing all that we can to connect families to various resources that may help their family circumstance. However, due to this unprecedented times, so many are struggling.

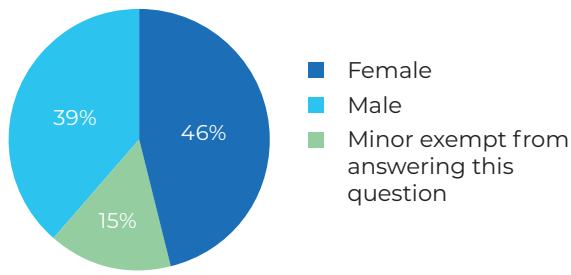
Evaluation Data for Urban School-Based Access and Linkage Program

CLIENT CONTACTS (TOTAL = 13)



We served **13 clients** in 2019–2020!

CLIENT SNAPSHOT

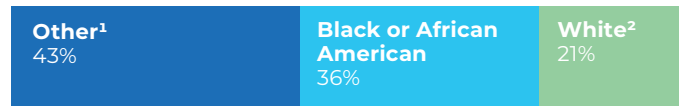


92% are not disabled **0%** Veterans
8% declined to state **0%** Gay or Lesbian

CLIENTS BY TYPE	Q1	Q2	Q3	Q4	TOTAL
New Clients	0%	46%	54%	0%	13
Returning Clients	0%	0%	0%	0%	0

Due to isolation and diminished access to social supports, Access and Linkage services provided flyers to parents and surveyed school staff on their needs and interests for our services during COVID-19.

CLIENTS SERVED BY RACE (%)



1. Includes Hispanic/Latino. 2. Includes Non-Hispanic/Latino.

62% of clients were Hispanic or Latino
0% of clients requested communications in Spanish

100% OF CLIENTS WERE FROM WEST SACRAMENTO

OUTREACH SETTINGS

50% school **50%** other

PROGRAM ACCOMPLISHMENTS

- ▶ 67% of children, youth, and family members were referred to a MH service provider.
- ▶ 100% of routine mental health triage services provided within seven calendar days of request for service.
- ▶ 75% of referred children, youth, and family members who received at least one mental health service from the preferred provider.
- ▶ Staff continued to regularly contact school staff to seek referrals, provide resources, and maintain working relationships.

PROGRAM CHALLENGES

The COVID-19 pandemic's closure of schools resulted in lack of referrals.

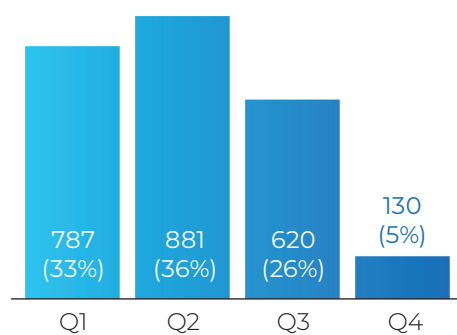
Evaluation Data for **Rural School-Based Strengths and Mentoring Program**

2.5 TOTAL FTEs
(ALL BILINGUAL)

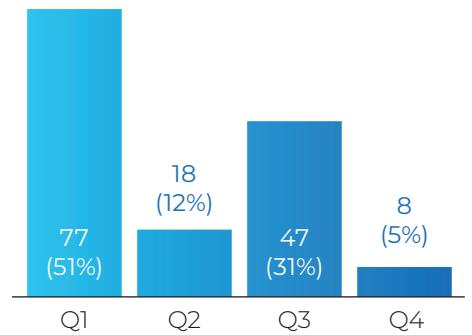
We served **150 clients** in 2019-2020!

No volunteer hours of service data

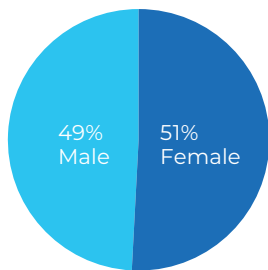
CLIENT CONTACTS (TOTAL = 2,418)



PARTICIPANTS SERVED (TOTAL = 150)



CLIENT SNAPSHOT



- 0% have a disability
- 0% Veterans
- 5% Gay or Lesbian

77% for the program year enrolled in the after-school Mentoring/Strengths Programs demonstrated an improvement of well-being on the Youth Asset Survey.

CLIENTS SERVED BY RACE (%)



1. Includes Hispanic/Latino. 2. Includes Non-Hispanic/Latino.

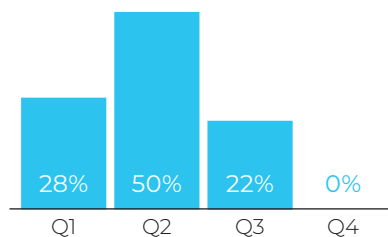
77% of clients were Hispanic or Latino
39% of clients requested communications in Spanish

100%

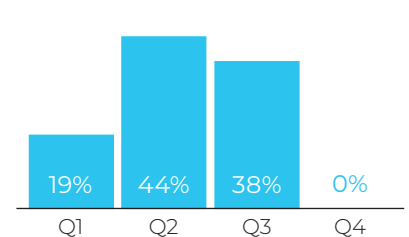
of clients with disability (a total of 4) were from Mental Domain: Not including mental illness (including but not limited to learning disabilities, developmental disabilities, or dementia)

CLIENTS' CITY OF RESIDENCE	%
Winters	50
Esparto	37
Madison	7
Guinda	4
Brooks	1

EVENTS (TOTAL = 18)

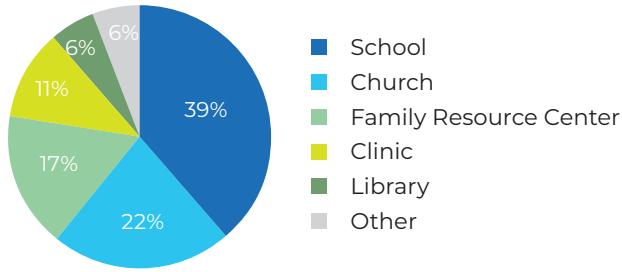


PARTICIPANTS (TOTAL = 1,256)



We held **15 events** in 2019-2020!

OUTREACH SETTINGS



PROGRAM ACCOMPLISHMENTS

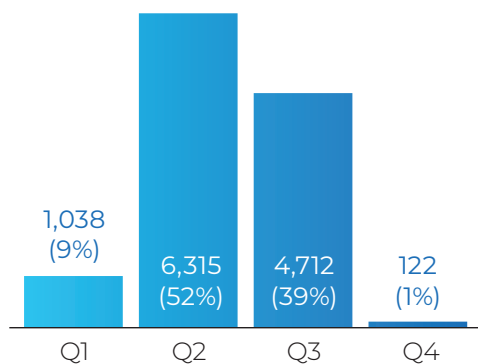
- ▶ 82% enrolled in the Social Emotion Learning and Well-Being Programs, demonstrated an improvement of overall well-being on the Global Self-Worth Assessment
- ▶ 100% of staff received Why Try and Strengths Finder, an evidence-based training
- ▶ 17 participants were referred to RISE Community Center for additional services. These youth followed through on their referrals and received services within 7 days of referral.
- ▶ In Q2, all participants (18) reported satisfaction with the services received.

PROGRAM CHALLENGES

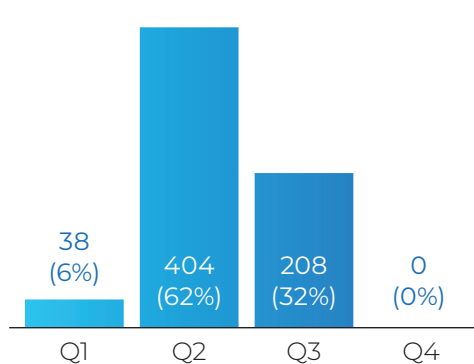
Schools were closed during shelter-in-place orders during COVID-19. Program staff found it hard to physically meet with students to complete year-end, full assessments. Many of services were conducted remotely, and in-person services resumed in July for enrolled youth.

Evaluation Data for **Urban School-Based Mentorship and Strengths-Building Program**

CLIENT CONTACTS (TOTAL = 12,187)



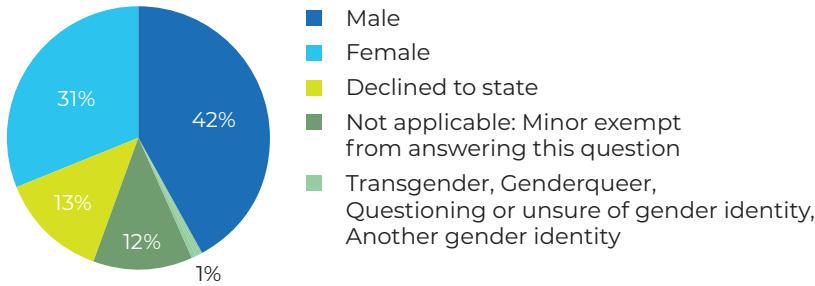
PARTICIPANTS SERVED (TOTAL = 650)



We served **650 clients** in 2019–2020!

85% of respondents reported improved personal skills, improved school or family circumstances, or feeling better overall.

CLIENT SNAPSHOT



5% have a disability
 0% Veterans
 <1% Gay or Lesbian
 4.3% Bisexual
 <1% Questioning
 <1% Queer

Note: Responses of "Not Recorded/Field left blank" were removed from the analysis.

NUMBER OF CLIENTS SERVED BY RACE



1. Includes Hispanic/Latino. 2. Includes Non-Hispanic/Latino.

47% of clients were Hispanic or Latino
 1% of clients requested communications in Spanish
 <1% of clients requested communications in Russian

No events were held in 2019-2020

CLIENTS SERVED BY DISABILITY TYPE (38 CLIENTS TOTAL) %	
Physical Mobility Domain: Physical or mobility issue	<1%
Communication Domain: Difficulty seeing	3.7%
Communication Domain: Difficulty hearing or having speech understood	1.2%
Communication Domain: Other	1%
Other Disability	<1%
Mental Domain: Not including mental illness (including but not limited to learning disabilities, developmental disabilities, or dementia)	<1%
Chronic Health Condition: Including but not limited to chronic pain	<1%
Total	100

Responses of "Not Recorded/Field left blank" were removed from the analysis.

CLIENTS' CITY OF RESIDENCE	%
West Sacramento	64
Woodland	22
Davis	4
Sacramento (board and care)	3
Yolo	2
Knights Landing	2
Out of County	1

Responses of "Not Recorded/Field left blank" were removed from the analysis.

PROGRAM ACCOMPLISHMENTS

- ▶ 92% of respondents in Q2 said they were satisfied with the Strengths and Mentoring Program
- ▶ 85% of CYF engaged in this program said it was efficacious
- ▶ Partnered with Yolo County Youth and Family Services Network and local businesses to use their community boards to share information and access to our virtual service offerings.
- ▶ Due to school closures, Strengths and Mentoring adapted groups to online video groups for service students.
- ▶ Held a Virtual Summer Camp to provide services through summer.

PROGRAM CHALLENGES

The COVID-19 pandemic's closure of schools resulted an inability to provide our usual in-person groups and presentations.

Prevention and Early Intervention (TAY 16–25) Over 25 Under 25

Program name: **Youth Early Intervention Program**

Status: Started Pending Canceled New 21/22 COVID delayed

Target Population: Children Aged 0–5 Transitional-age Youth Aged 16–25 Adult Aged 26–59 Older Adult Aged 60+

Program Description

Serious mental health problems (i.e., schizophrenia, bipolar disorder, major depression) are most likely to present in late adolescence or early adulthood. PEI regulations require that counties develop an early intervention program for youth who are beginning to show signs or symptoms of a serious mental illness. UC Davis and the Early Diagnosis and Preventive Treatment of Psychosis Illness (EDAPT) Clinic have developed a program for youth experiencing a first episode of psychosis and have committed to serving Yolo County residents who meet their eligibility criteria; this program is not MHSA funded.

For youth who do not meet eligibility criteria for the EDAPT Clinic, the Youth Early Intervention Program is focused primarily on youth developing mood disorders (i.e., bipolar and major depressive disorders). This program includes clinical and other supportive services at home, clinic, and community-based settings and provides evidence-based interventions to address emerging symptoms and support youth to stay on track developmentally.

Services address and promote recovery and related outcomes for a mental illness early in emergence and include services and support to parents and other natural supports.

Key activities of the Youth Early Intervention Program will support outcomes around interrupting or mitigating early signs of mental illness by:

- ▶ Providing age-appropriate mental health services in the community, clinic, and home.
- ▶ Providing clinical interventions to mitigate early onset of mental health issues.
- ▶ Promoting prosocial activities, including creative or artistic expression as related to self-care.

Goal 1	Provide early intervention services for youth who are beginning to develop a mood or anxiety-related serious mental illness.
Goal 2	To expand and augment mental health services to enhance service access, delivery, and recovery.
Objective 1	Support young adults to stay on track developmentally and emotionally.
Objective 2	Mitigate the negative impacts that may result from an untreated mental illness.

Estimated FY21/22 Costs	Estimated Number to Be Served FY21/22	Estimated Cost/Person Served
\$230,000	25	\$9,200

UPDATE: The Youth Early Intervention (YEI) Program had previously been a component of the County-based Transitional Age Youth (TAY) program (that included the Pathways to Independence program and other components). In September of 2020, Yolo County made a decision to transition Full-Service Partnership (FSP) services (including the Pathways to Independence program) from using County staff to contracted providers. During discussions regarding plans to transition clients from the TAY program to contracted providers, the UC Davis EDAPT clinic proposed to serve clients who are referred to the EDAPT clinic, but that do not meet EDAPT criteria (these are youth that would have previously been referred to the YEI Program). The budget increases for the program will expand program (to approximately 25 at any given time) and enhance the existing array of services for youth with early onset of serious mental health issues.

Prevention and Early Intervention (TAY 16-25) Over 25 Under 25

Program name: **College Partnerships**

Status: Started Pending Canceled New 21/22 COVID delayed

Target Population: Children Aged 0-5 Transitional-age Youth Aged 16-25 Adult Aged 26-59 Older Adult Aged 60+

Program Description

The College Partnerships Program aims to collaborate with local colleges and community-based organizations to provide engagement, access, and linkage services for college students who are either at risk of, beginning to, or currently experiencing mental health problems with the goal of promoting recovery, resilience, and connection to mental health services for those in need. Additionally, the program intends to promote health and well-being for college students through the provision of physical and behavioral health services. This new program builds on the successes of the college-based wellness center program developed in the previous three-year plan and expands to a more robust college-based behavioral health program, providing a broad array of engagement, prevention, early intervention, and both physical and behavioral health intervention services. The focus of the newly designed College Partnerships Program will leverage MHSA and Medi-Cal funds and funds from local colleges to expand the array of mental health services and supports available

on college campuses.

The vision of these partnerships is to increase access to mental health services in locations that are easily accessible to college-age students. The program will expand the current, and more limited, array of services and supports available to students to more fully integrate mental health services into the college system by offering a full range of site-based services to include: wellness center activities and services, screening, assessment, and physical and behavioral health services. Additionally, the program will meet the unique cultural needs of the college by providing culturally relevant services to Spanish-speaking students. Education and learning opportunities will be available for students and staff to increase knowledge of healthy-living habits and the college-based services available to them.

Key activities of the College Partnerships Program will support outcomes around improving mental health wellness, social connectivity, and service utilization by:

- ▶ Providing engagement and physical

and behavioral health screenings.

- ▶ Providing behavioral health assessments, referrals, and short-term treatment.
- ▶ Providing recovery-based activities.
- ▶ Providing opportunities for consumers to socialize and learn alongside peers.
- ▶ Promoting prosocial activities, including creative or artistic expression as related to self-care.
- ▶ Providing resources and information on skills for coping mechanisms.
- ▶ Providing education and information about mental health and available services.
- ▶ Providing mental health first-aid training for faculty and staff.
- ▶ Offering educational opportunities for students and staff including health and wellness fairs, behavioral wellness classes, workshops, trainings, and flex presentations.
- ▶ Participating in ongoing collaborative implementation and program coordination with the school site.

Goal 1	Connect students to appropriate prevention or mental health treatment services in college settings.
Goal 2	Expand and augment behavioral health services to enhance service access, delivery, and well-being for college students.
Objective 1	Prevent the development of mental health challenges through early identification, resources, and support.

Objective 2	Address existing mental health challenges promptly with assessment, referral, and short-term treatment.
Objective 3	Increase capacity to support student wellness on school campuses.

Estimated FY21/22 Costs \$172,924	Estimated Number to Be Served FY21/22 To be determined	Estimated Cost/Person Served To be determined
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UPDATE: Service start-up was delayed until 2021. Collective impacts of the pandemic interfered with project timeline.

In addition to the direct service PEI programs described in the systems of care, Yolo HHSA has planned the following programs to support outreach for increasing recognition of early signs of mental illness and access and linkage to treatment, described below.

Prevention and Early Intervention (CHB)

FSP

Non-FSP

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

Status:

Started

Pending

Canceled

New 21/22

COVID delayed

Target Population:

Children Aged 0-5

Transitional-age Youth Aged 16-25

Adult Aged 26-59

Older Adult Aged 60+

Program Description

Early Signs Training and Assistance focuses on mental illness stigma reduction and community education to intervene earlier in mental health crisis. Early Signs provides training to providers, individuals, and other caregivers who live or work in Yolo County. The purpose of these training programs is to educate public and nonmental health staff to respond to or prevent a mental health crisis in the community; support people living with mental illness or substance abuse; and reduce the stigma associated with mental illness.

This program addresses the need to enhance supports available to individuals before, during, and after a crisis; promote the provision of trauma-informed service delivery by nonmental health staff through education on mental health and suicide prevention; and increase resilience in the

Yolo County community.

Early Signs Training and Assistance includes the following training programs:

- ▶ Applied Suicide Intervention Strategies Training (ASIST)
- ▶ SafeTALK
- ▶ Question, Persuade and Refer (QPR) Suicide Prevention Training
- ▶ Adult Mental Health First Aid Certification
- ▶ Youth Mental Health First Aid Certification
- ▶ Suicide Prevention in the Workplace Training
- ▶ Educate, Equip, and Support: Building Hope
- ▶ Parenting Children Experiencing Trauma Parent/RFA Training
- ▶ Group Peer Support Facilitator

Training

1. Applied Suicide Intervention Strategies Training (ASIST)

ASIST is a national suicide prevention training program for caregivers of individuals who are at risk of death by suicide. During a 2-day training, caregivers learn how to recognize and intervene to prevent the immediate risk of suicide (www.livingworks.net/programs/asist).

2. SafeTALK

SafeTALK is a 3-hour training that prepares anyone older than 15 to identify people with thoughts of suicide and connect them to suicide first-aid resources. SafeTALK curriculum emphasizes three main skills:

- a. How to move beyond common tendencies to miss, dismiss, or avoid suicide.
- b. How to identify people who have thoughts of suicide.
- c. Apply the TALK steps: Tell, Ask, Listen, and KeepSafe.

These steps prepare someone to connect a person with thoughts of suicide to first-aid and intervention caregivers (www.livingworks.net/programs/safetalk).

3. QPR

QPR (Question, Persuade, Refer) is a 90-minute training designed to teach three simple steps anyone can learn to help save a life from suicide. QPR provides innovative, practical, and proven suicide prevention training that reduces suicidal behaviors by training individuals to serve as gatekeepers—those in a position to recognize a crisis and the warning signs that someone may be contemplating suicide. Yolo County's MHSA Team will train anyone to be a gatekeeper—parents, friends, neighbors, teachers, ministers, doctors, nurses, office workers, caseworkers, firefighters—anyone who may be strategically positioned to recognize and refer someone at risk of suicide (<https://www.qprinstitute.com/about-qpr>).

4. Mental Health First Aid and Youth Mental Health First Aid Certifications

Both Mental Health First Aid and Youth Mental Health First Aid are 8-hour courses designed to teach individuals in the community how to help someone who is developing a mental health problem or experiencing a mental health crisis. Trainees are taught about the signs and symptoms of mental illness, including anxiety, depression, psychosis, and substance use. Youth Mental Health First Aid is especially designed to teach parents, family members, caregivers, teachers, school staff, peers, neighbors, providers, and other individuals how to help adolescents and transition-age youth (12–24) experiencing mental health or substance use problems or in mental health crisis situations. The training covers health challenges for youth, offers information on adolescent development, and includes a five-step action plan to help young people in both crisis and noncrisis situations.

In addition to the basic MHFA training curriculum, the following modules are provided:

- ▶ MHFA Higher Education offered to university and community college audiences. This module offers additional materials, statistics, and exercises relevant to student and staff populations.
- ▶ MHFA Public Safety provides probation, corrections, and law enforcement with additional materials, safety considerations, and exercises relevant to this audience and their families.
- ▶ MHFA for caregivers of older adults with later-life issues.

All trainings offer discussion of cultural considerations and messaging regarding differences in help-seeking and help-needing behaviors across diverse cultures.

Information for both courses can be found at www.mentalhealthfirstaid.org.

5. Working Minds: Suicide Prevention in the Workplace Training

Created by the Helen and Arthur E. Johnson Depression Center at the University of Colorado, Suicide Prevention in the Workplace training is a 3-hour training designed to educate and create awareness of suicide prevention; create a forum for dialogue and critical thinking about workplace mental health challenges; promote help seeking and help giving in the workplace; and reduce stress-related absenteeism. The target audience are those who work in high-skill and high-stakes careers, e.g., first responders, social workers, and others. It is delivered to providers, fire and emergency medical services; and law enforcement personnel. The training also gives education on agency and business postintervention strategies for stabilizing the mental health of a workforce in the immediate aftermath of a suicide (<https://www.coloradodepressioncenter.org/workingminds/>).

6. Educate, Equip, and Support: Building Hope

Educate, Equip, and Support: Building Hope is an award-winning 30-hour course completed in 10 weekly sessions designed to educate parents and caregivers raising children and youth identified as having serious emotional disturbances. Parents and caregivers learn about several types of emotional problems and how these issues manifest differently in children and youth. Parents also learn techniques to manage the stress, grief, and depression associated with parenting children with special needs. In 10 weeks, parents and caregivers learn about mental illnesses, develop new coping skills and parenting techniques, and form bonds with parents in similar circumstances; as a byproduct of their success in learning more about mental illness, stigma is reduced.

7. Parenting Children Experiencing Trauma

This evidence-based resource family caregiver and parent workshop was created by the National Child Traumatic Stress Network in partnership with SAMHSA and the U. S. Department of Health and Human Services. The curriculum is delivered in eight sessions.

- ▶ Resource parents learn the essentials of trauma-informed parenting, how trauma affects children's development, and the effects of trauma on children of various ages
- ▶ The importance of safety and creating safe spaces
- ▶ New approaches for changing negative or destructive behaviors and reactions
- ▶ Helping children maintain positive connection and make meaning of their traumatic pasts
- ▶ How to avoid compassion fatigue, burnout, and vicarious trauma

This workshop is delivered in partnership with Children’s Mental Health, Child Welfare, Yolo Foster Kinship program; Yolo County Office of Education (<https://www.nctsn.org/resources/training/training-curricula>).

8. Group Peer Support (GPS) and GPS Facilitator Training

GPS is a replicable group support model used for diverse populations including maternal mental health, parent, racial equity, and recovery support groups. GPS integrates evidence-based modalities: mindfulness-based stress reduction, cognitive behavioral therapy, and motivational interviewing in group settings. This model addresses the intersection of race, class, culture, and gender identity on individuals’ lived experience. GPS can also be used to train others in this modality (<https://groupeersupport.org/>).

Key activities of Early Signs Training and Assistance will support outcomes around improved mental health education and early identification skills by:

- ▶ Training community and family members to recognize the signs of persons in need of mental health support.
 - ▶ Training community and family members to recognize the signs of persons who are at risk of suicide or developing a mental illness.
 - ▶ Promoting wellness, recovery, and resilience.
 - ▶ Training and working with families and caregivers to develop plans and strategies that are tailored to their family member’s need.
 - ▶ Training participants to address the specific needs of certain populations, including youth.
- ▶ Offering support and trauma-informed facilitation of groups and presentations to organizations about mental health, suicidality, resilience-building strategies, and self-care.
 - ▶ Offering trainings in multiple languages to ensure accessibility for all interested persons.
 - ▶ Offering trainings to an intentionally diverse group of community members, family members, and partners to ensure that persons are trained across populations to meet the needs of those in crisis and noncrisis situations.
 - ▶ Offering expanded suicide hotline services to community members.

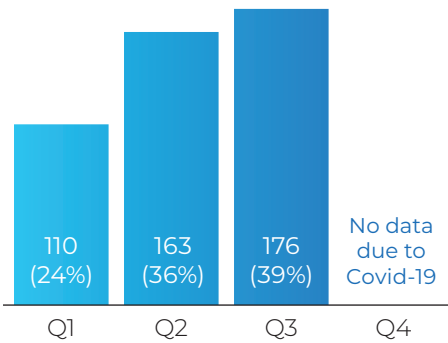
Goal 1	Expand the reach of the mental health system through the training of individuals who have the knowledge and skills to respond to or prevent a mental health crisis in the community.
Objective 1	Expand the reach of mental health and suicide prevention services.
Objective 2	Reduce the risk of suicide through prevention and intervention trainings.
Objective 3	Promote the early identification of mental illness and signs and symptoms of suicidal behavior.
Objective 4	Advance the wellness, recovery, and resilience of the community through the creation and offering of supportive spaces and trauma-informed group facilitation for diverse audiences.

Estimated FY21/22 Costs	Estimated Number to Be Served FY21/22	Estimated Cost/Person Served
\$321,826	450	\$715

UPDATE: Due to the pandemic, Mental Health First Aid (MHFA) trainings were cancelled while the National Council transitioned to a virtual Learning Management System (LMS) and new curriculum. Early Signs program staff were certified to train virtually during this time. However, the Council has experienced challenges with the LMS—constant crashes, freezing, e-scheduling issues—and is working to address these issues. MHFA trainings have been in a holding pattern since April 2020 but are expected to resume in June 2021. The Early Signs program has evolved and met this pandemic moment with creativity, innovation, and adaptation to meet the needs of our Agency and community. To meet the needs of our community and PEI programming, a mental health training titled “The Nature of Trauma and Resilience” was developed and was presented to more than 100 participants in Spring 2021, in addition to presenting a Suicide Prevention training to more than 100 participants as well.

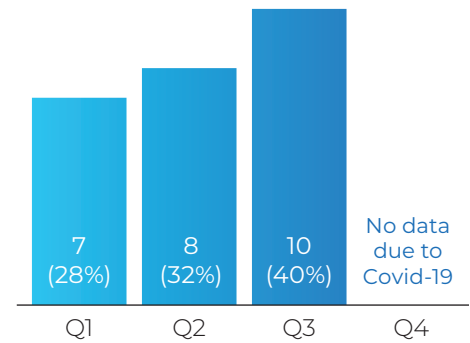
Evaluation Data for Early Signs Training & Assistance

CLIENT CONTACTS (TOTAL = 449)

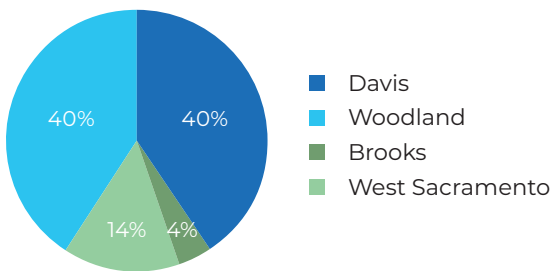


We served **449 clients** in 2019-2020!

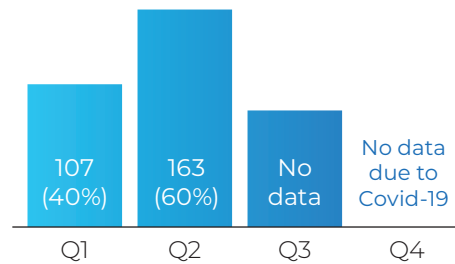
TRAININGS OFFERED (TOTAL = 25)



LOCATION OF TRAININGS



TRAINING PARTICIPANTS (AKA CLIENT CONTACTS) TOTAL = 270



PRESENTATIONS

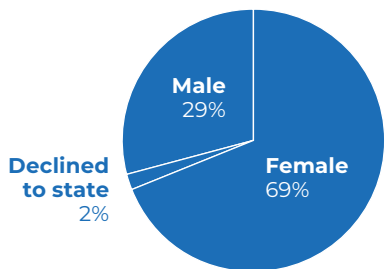
	QUARTER	ATTENDEES
Rancho Yolo Senior Community	Q3	21
Yolo County Library staff/Davis	Q3	18
Yolo County Library/West Sacramento	Q3	15
UCD Asian studies/Humanities	Q3	14
Suicide lethality presentation to Empower Yolo volunteers	Q4	16
Trauma and Resilience in the age of COVID-19	Q4	42
Two CIT family storytelling	Q4	24
Total		150

Note: Presentation data was only available for Q3 and Q4

POST-ACTIVITY PARTICIPANT FEEDBACK

Youth & Adult Mental Health First Aid Training	Q1	Q2	Q3	Q4
Participants who reported that the course goals and objectives were achieved	95%	96%	98%	n/a
Participants who report they felt more confident in reaching out to someone who may be dealing with a mental health challenge	96%	96%	96%	n/a
QPR Training				
Participants who indicated that they would recommend QPR training to others	n/a	100%	99%	n/a
Participants who reported an increase in knowledge about how to ask someone about suicide	n/a	85%	92%	n/a
Parenting Children Experiencing Trauma Training				
Participants who indicated they would recommend this course to others	n/a	n/a	100%	n/a
Participants who expressed a high score on the evaluation of the training topics	n/a	n/a	100%	n/a
Suicide Prevention in the Workplace Training				
Participants who reported an increase in knowledge about how to ask someone about suicide	n/a	n/a	100%	n/a

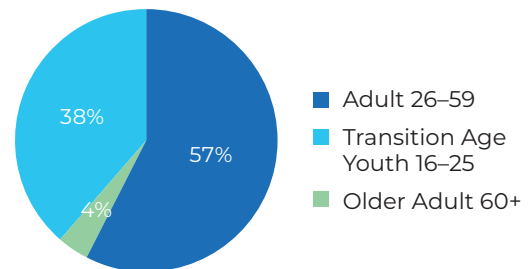
CLIENT SNAPSHOT



- 7%** have a disability
- 5%** Veterans
- 18%** Family member of mental health consumer
- 17%** Mental health consumer

<1% Transgender, Genderqueer, or Questioning or unsure of gender identity

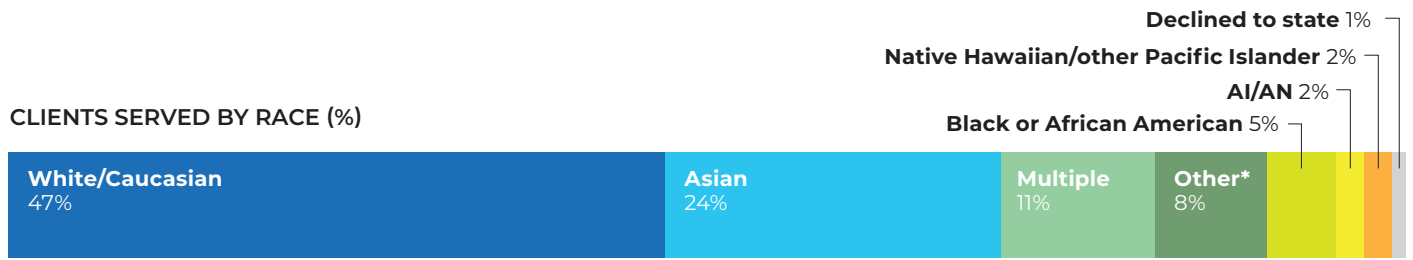
CLIENTS SERVED BY AGE



CLIENT'S SEXUAL ORIENTATION

	%
Heterosexual or Straight	81
Bisexual	8
Gay or Lesbian	4
Declined to State	3
Queer	2
Questioning or unsure of sexual orientation	1
Another Sexual Orientation	1
Not Applicable: Minor exempt from answering this question	0
Total	100

Note: Responses of "Not Recorded" were removed from the analysis.



* Includes Hispanic/Latino

33% were Hispanic or Latino

2% requested written and spoken communication in Spanish

<1% requested written communication in Russian

<1% requested written and spoken communication in another language

Note: Responses of "Not recorded" were removed from the analysis.

CLIENTS' CITY OF RESIDENCE	%
Davis	32
Woodland	30
Out of County	12
Yolo County Unincorporated areas	6
West Sacramento	6
Sacramento [board and care]	5
Esparto	4
Yolo	2
Brooks	1
Winters	1
Clarksburg	<1
Guinda	<1
Knights Landing	<1
Dunnigan	0
Madison	0

Note: Responses of "Not Recorded" were removed from the analysis.

Prevention and Early Intervention (CHB)

FSP

Non-FSP

Program name: **Cultural Competence**

Status:

Started

Pending

Canceled

New 21/22

COVID delayed

Target Population:

Children Aged 0-5

Transitional-age Youth Aged 16-25

Adult Aged 26-59

Older Adult Aged 60+

Program Description

Yolo County HHSA remains committed to cultural competence, humility, and proficiency and strives to embed it in all our work, including MHSA. We achieve this by increasing attention, activities, outreach, and training to incorporate the recognition and value of racial, ethnic, cultural, and linguistic diversity in the county mental health system while also seeking to address broader health disparities and the roots of their existence.

For this new plan, we intend to increase our MHSA investments in cultural competence to ensure we are reaching and serving all communities in our county. Cultural competence programming provides consistent workforce education in culturally and linguistically appropriate service delivery and the impact of social determinants of health and health disparities. Community

outreach and engagement focus on promoting inclusion and building resilience in our most vulnerable and marginalized communities while offering opportunities to appreciate, connect, and assess the needs of diverse populations. The programming also includes the implementation of a creative multimedia campaign to reduce stigma, provide mental health education to diverse populations, and promote access and engagement. Targeted messaging are designed to reach all communities but with an emphasis on monolingual Russian- and Spanish-speaking community members.

All programming is designed to reduce disparities in populations and promote behavioral health equity. Demographic data and evaluation are collected to assess program efficacy and provide ongoing community needs assessment.

The program provides:

- ▶ Cultural competence and equity outreach engagement and trainings
- ▶ Culturally responsive service delivery
- ▶ Cultural support groups
- ▶ Stigma reduction and outreach to specific populations
- ▶ Additional funding for expansion of scopes and incentives into contracts to support outreach and service delivery to vulnerable populations
- ▶ Culturally responsive resilience support
- ▶ Targeted marketing efforts to vulnerable populations
- ▶ Addition of cultural competence outreach specialist
- ▶ Support the Yolo Cultural Competency Plan

Goal 1	Enhance, expand, and implement cultural competence and health equity outreach, engagement, and training throughout the HHSA system in the Yolo community.
Objective 1	Reduce health disparities and promote health equity through the education of staff and providers in culturally and linguistically appropriate service standards.
Objective 2	Engage agencies and the community in the advancing of culturally responsive policy and programming in support of the Yolo Cultural Competency Plan.
Objective 3	Provide targeted, culturally responsive outreach and support to vulnerable populations to reduce stigma and promote service engagement.
Objective 4	Increase understanding of the intersectionality of race, class, and culture to increase community resilience and health equity by offering supportive settings and facilitated discussion.

Estimated FY21/22 Costs	Estimated Number to Be Served FY21/22	Estimated Cost/Person Served
\$911,732	To be determined	To be determined

UPDATE: The new MHSA plan increased investments into the Cultural Competency (CC) Program and added a Cultural Competency Outreach Specialist (OS). The Cultural Competency work has been impacted by the pandemic as well as the departures of the CC Coordinator and MHSA Coordinator. Efforts to resume the Cultural Competence Committee (CCC) were impacted by staff losses and COVID as remaining staff resources were reassigned to COVID response efforts. However, throughout 2020 HHSa engaged in various virtual activities to demonstrate the ongoing commitment to community outreach, engagement, and involvement efforts with identified racial, ethnic, cultural and linguistic communities with mental health disparities. MHSA staff resources were returned to primary duties in late Fall of 2020 and CC re-engagement strategies in Cultural Competency Plan (CCP) update are in development. Additionally, during this time staff began a series of virtual re-engagement strategies by providing resources and actively building up messaging and presence to Cultural Competence Committee membership. The welcome back to Cultural Competency Committee kickoff took place on October 23, 2020 and monthly email resources are being distributed. Concurrently, the CC Objective Lead, Tessa Smith, for “Team Equity!” began holding meetings and has met monthly since January 2021 to address the Strategic Plan Objective of identifying systemic inequities, and developing racial equity programming. This work is in alignment and will be aligned to reach agency CC goals. Efforts to reconvene the CCC will be modified to fit a virtual setting and will resume in early May 2021. The CC program is awaiting new staff to support outreach and extended diverse engagement and inclusion in alignment with COVID 19 public health and safety guidelines.

Prevention and Early Intervention

FSP

Non-FSP

Program name: **Maternal Mental Health Access Hub**

Status:

Started

Pending

Canceled

New 21/22

COVID delayed

Target Population:

Children Aged 0-5

Transitional-age Youth Aged 16-25

Adult Aged 26-59

Older Adult Aged 60+

Program Description

Maternal depression is a widespread public health concern that negatively impacts health outcomes for maternal/infant dyads and women preconception, interconception and throughout the maternal life course.

The program shall create a Maternal Mental Health (MMH) Access Hub housed in the Community Health Branch of the Yolo County HHSa. The hub shall be modelled after the MCPAP for Moms program utilizing tools and trainings from the Lifeline4Moms program. Both these programs are national models that leverage partnerships between healthcare systems and local State and/or county public health or mental health departments.

A proposed full time clinician shall:

- ▶ Provide Clinical Consultation:
 - Yolo County HHSa Funded home visitation programs/staff working with high risk maternal/infant dyads enrolled in home visitation to improve mental health assessments and linkage to Medi-Cal services.
 - Yolo County HHSa Behavioral Health programs and clinicians responding to perinatal mental health emergencies and/or hospital discharge planning to assure linkage to behavioral services (i.e. perinatal psychiatric consult service)

- ▶ Facilitate the Yolo County MMH Collaborative to increase community engagement for the purposes of increasing resources and educating agencies and provider-serving maternal/infant dyads.
- ▶ Coordinate the Yolo County HHSa— May is MMH and MH Awareness month activities including the Travelling Blue Dot Campaign to increase provider engagement and awareness in the identification and prevention of maternal mental health disorders.
- ▶ Develop a county wide hub within Yolo County HHSa to serve as a holding space for trainings, resources, innovations, and data for healthcare providers, behavioral health clinicians and community based agency staff.

Goal 1	Improve linkage to services that mitigate and improve the emotional and behavioral health of women preconception, intrapartum and postpartum.
Goal 2	Increase quality and quantity of evidence based and evidence informed treatments and services for women suffering from or at risk for disorders.
Objective 1	Provide clinical consult to identify appropriate and timely interventions and treatments for women referred to the Yolo County HHSA Maternal Mental Health Hub.
Objective 2	Develop a Yolo County HHSA Maternal Mental Health Access Hub for the purposes of increasing provider capacity to prevent, mitigate and treat women for maternal mental health disorders.

Estimated FY21/22 Costs	Estimated Number to Be Served FY21/22	Estimated Cost/Person Served
\$100,000	To be determined	To be determined

UPDATE: This program was delayed due to the departure and ongoing vacancy of the Director of Public Health Nursing and limited nursing staff resources. These staff were redirected to support County emergency response efforts to the COVID 19 pandemic and continue to be assigned to these duties.

Community Services and Supports; Prevention & Early Intervention; Innovation, Workforce Education and Training

Update 2021–2022

FSP

Non-FSP

Program name: **Evaluation**

Status:

Started

Pending

Canceled

New 21/22

COVID delayed

Target Population:

Children Aged 0–5

Transitional-age Youth Aged 16–25

Adult Aged 26–59

Older Adult Aged 60+

Program Description

This plan intends to develop measures not only for contracts over \$1 million, but for all Request For Proposals (RFPs) and all contracts. In order to do this, we will be utilizing Results Based Accountability (RBA: See Evaluation) performance measures and outcomes, which include SMART goals, and align with evidence based practices wherever possible. HHSA will seek an independent evaluator to support development of program performance metrics and with building a system to track and report data. These efforts

will create a framework to build from which will provide information to assess outcomes, successes, modifications needed, new approaches, and how meaningful outcomes are ultimately being achieved.

Furthermore, the proposed evaluation shall include support in:

- ▶ Building a system to track and report data,
- ▶ Development of program deliverable targets and performance metrics,
- ▶ Technical assistance to program staff internally and support to community

organizations, especially those who are smaller,

- ▶ Integrate evaluation metrics based on the Yolo County Board & Care Report recommendations to capture data and tracking related to adult residential care, consumers, housing and community needs assessment, to support quality improvement processes, and to inform innovative model development to meet the unique needs of Yolo County, and
- ▶ Future development support on HHSA systems integration within potential Business Intelligence software.

Goal 1	Support creation and development of program performance metrics and systems to track and report data for program evaluation to assess meaningful outcomes.
Objective 1	RBA development into contracts; technical assistance to support smaller organizations
Objective 2	Program evaluation components comparable within similar performance functions framework.

Estimated FY21/22 Costs	Estimated Number to Be Served FY21/22	Estimated Cost/Person Served
\$236,858	Not applicable	Not applicable

UPDATE: HHSA completed its preliminary evaluation of proposals for the new Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan Evaluation Program and awarded the contract to Community Advocacy Research and Evaluation Consulting Group, Inc. (C.A.R.E. Consulting Group). This contract was executed on March 5, 2021. A preliminary analysis of limited Results-Based Accountability data, where available, as well as demographic information for the Prevention and Early Intervention Programs (FY 2019–2020) from the prior Yolo MHSA Three-Year Plan has been assessed and included in this report. HHSA acknowledges the data is incomplete, however, efforts have been made for an initial evaluation of MHSA programs that continued forward into the 2020–2021 fiscal year.

Evaluation work to assess overall impact, success and challenges of the MHSA funding within Yolo County will continue as well as assessment, planning and implementation of a stronger and more effective system moving forward. HHSA acknowledges these evaluation efforts are a work in progress and represent one step in a multi-phased approach to continuous evaluation of the County MHSA programs focused on accountability and quality improvement, guided by MHSA values and principles, the County strategic plan, HHSA's mission, and the Results Based Accountability framework.

Innovation Plan

These are proposed INN programs and budgets pending MHSOAC Approval.

Update 2021–2022

Innovation

Program name: **Integrated Medicine into Behavioral Health**

Status:

Started

Pending

Canceled

New 21/22

COVID delayed

Target Population:

Children Aged 0–5

Transitional-age Youth Aged 16–25

Adult Aged 26–59

Older Adult Aged 60+

Program Description

Yolo County's Integrated Medicine into Behavioral Health Innovation project will pilot the integration of physical health care in the county's existing West Sacramento specialty mental health clinic. Primary care providers from a community partner will be embedded

in the HHSA clinic so that, using culturally and linguistically appropriate interventions in primary care, substance use disorder treatment, and serious mental illness (SMI) treatment, existing HHSA clients will receive coordinated comprehensive care. Such coordinated care efforts (e.g. psychiatric consultation,

team-care approach, health screenings, enhanced linkages to community and/or behavioral health providers) have resulted in significant improvements in health outcomes for SMI clients.

Goal 1	Improve the use of evidence-based medical and behavioral health integration practices within a specialty mental health provider clinic.
Goal 2	Improve physical and behavioral health outcomes for clients, care delivery efficiency, and client experience.
Objective 1	Promote the early identification of physical health conditions in clients with severe mental illness.
Objective 2	Facilitate linkage to appropriate specialty health care providers for clients with severe mental illness, when necessary.
Objective 3	Improve physical health medication and other prescribed medical intervention adherence among clients with severe mental illness.

Estimated FY21/22 Costs	Estimated Number to Be Served FY21/22	Estimated Cost/Person Served
\$0	Not applicable	Not applicable

UPDATE: Collaboration with community provider delayed. This program has been eliminated.

Innovation

Program name: **Crisis Now Learning Collaborative**

Status: Started Pending Canceled New 21/22 COVID delayed

Target Population: Children Aged 0-5 Transitional-age Youth Aged 16-25 Adult Aged 26-59 Older Adult Aged 60+

Program Description

Yolo County intends to take part in MHSOAC’s proposed multi-county collaborative to use the *Crisis Now* model to develop a systematic approach to meeting urgent mental health needs in their communities. The overarching goal of the collaborative would be to evolve cost-effective crisis services that offer real-time access to care in lieu of justice system or emergency department

involvement. The collaborative will address these issues by deploying a replicable framework that has demonstrated success in multiple communities throughout the nation. The framework includes quantifying community needs, defining opportunities to evolve care based on those needs, and projecting the potential community impact and cost of implementing new models of care. The collaborative also will incorporate

expertise in Medicaid and managed care systems to identify long-term funding and coding solutions that reduce the financial burden of care experienced by local communities. By the close of the collaborative, county participants will have created an actionable strategic plan designed to move from their current crisis system into a system with high fidelity to the Crisis Now model.

Goal 1	Ensure Yolo County’s crisis services match up with community need, community access to crisis care is enhanced, and overall cost savings are realized.
Objective 1	Assess overall county crisis service needs.
Objective 2	Understand current crisis service access points as well as gaps.
Objective 3	Enhance crisis service cost tracking mechanisms across providers.

Estimated FY21/22 Costs	Estimated Number to Be Served FY21/22	Estimated Cost/Person Served
\$700,989	5,000	\$140

UPDATE: HHSa personnel continue to be engaged with this Learning Collaborative, including weekly technical assistance support as the County develops a new regional BH Crisis Response system with local stakeholders and surrounding Counties.

Capital Facilities and Technological Plan

Update 2021–2022

Capital Facilities and Technology Needs (AA)

FSP

Non-FSP

Program name: **IT Hardware/Software/Subscriptions Services**

Status:

Started

Pending

Canceled

New 21/22

COVID delayed

Target Population:

Children Aged 0–5

Transitional-age Youth Aged 16–25

Adult Aged 26–59

Older Adult Aged 60+

Program Description

Yolo County HHSA is working to expand access to Netsmart’s MyAvatar (the behavioral health system’s electronic medical record [EMR] system) for all contracted providers; convert its hybrid charting to a full EMR; implement electronic health information exchange; strengthen its analytic and reporting process to improve the quality and delivery of behavioral health services; and convert to electronic claims submission

for all providers. These goals will be achieved through:

- ▶ Updating hardware and software.
- ▶ Implementing upgrades to the Netsmart MyAvatar Information System.
- ▶ Implementing either “Little Green Button” software on all computers or another panic button solution.
- ▶ Expanding tele-mental health service provision.
- ▶ Integrating MyAvatar with a future business intelligence platform.
- ▶ Ensuring better strategic planning project management using SmartSheets.
- ▶ Ensuring better communication and collaboration as a result of the Office 365 implementation.
- ▶ Improving client communication as a result of a VOIP phone system implementation.

Goal 1	Implement and support data infrastructure for quality measurement and improvement of programs and improve the necessary technology for service delivery in Yolo County.
Objective 1	Increase efficiencies in reporting, billing, retrieving, and storing personal health information.
Objective 2	Implement a consistent, dependable clinic safety tool.
Objective 3	Improve staff and client communication technologies.

Estimated FY21/22 Costs	Estimated Number to Be Served FY21/22	Estimated Cost/Person Served
\$2,083,339	Not applicable	Not applicable

UPDATE: This program funds the ongoing and investment costs of the BH systems technology needs, such as the Electronic Health Record, HIPAA-compliant software applications for remote service provision during COVID, and other technology expansion projects/needs.

Capital Facilities and Technology Needs

FSP
 Non-FSP

Program name: **Peer-Run Housing**

Status:
 Started
 Pending
 Canceled
 New 21/22
 COVID delayed

Target Population:
 Children Aged 0-5
 Transitional-age Youth Aged 16-25
 Adult Aged 26-59
 Older Adult Aged 60+

Program Description

The AFI Foundation is a non-profit, formed in 2016, to fund projects for people who are severely disabled and/or disadvantaged with mental illness. Funding for projects goes to other non-profits who provide services and is intended to supplement their work. The Foundation's particular interests include funding the purchase of permanent sustainable housing for individuals with severe mental illness.

Through Turning Point Community Programs, AFI Foundation will match Yolo County funds for the purchase of a home in Yolo County to house six county residents in a peer-run home who receive their mental health services through Yolo County HHSA.

Goal 1	Increase permanent housing options within Yolo County for residents with severe mental illness.
Objective 1	Reduce the number of Yolo County mental health clients residing out of county.
Objective 2	Support Yolo County mental health clients in transitioning to a greater level of independence.

Estimated FY21/22 Costs	Estimated Number to Be Served FY21/22	Estimated Cost/Person Served
\$250,000	Not applicable	Not applicable

UPDATE: HHSA supported this program with a one-time start-up investment with AFI to open a peer-run residence in the County.

Workforce, Education, and Training Plan

Update 2021–2022

Workforce, Education, and Training (AA)

FSP

Non-FSP

Program name: **Mental Health Professional Development**

Status:

Started

Pending

Canceled

New 21/22

COVID delayed

Target Population:

Children Aged 0–5

Transitional-age Youth Aged 16–25

Adult Aged 26–59

Older Adult Aged 60+

Program Description

The Mental Health Professional Development program is intended to provide training and capacity building for internal and external mental health providers. The program will provide:

- ▶ Clinical training in identified evidence-based and promising practices.
- ▶ Online professional development courses using HHSA's E-Learning platform.
- ▶ A strength-based approach to leadership and team development

using Gallup's StrengthsFinder.

- ▶ Training and technical assistance to promote cultural competence throughout the behavioral health system and with identified experts.
- ▶ Training for all providers to screen for and identify perinatal mental health issues for pregnant and new mothers.
- ▶ Resources to ensure the mental health system of care develops a trauma-informed approach across all staff and programs.

To ensure that staff, providers, consumers, family members, and the community have the most recent and comprehensive guides and resources available, Yolo HHSA will also dedicate resources to updating HHSA's website, county crisis cards, and other brochures.

Mental Health Professional Development will support the outcome of increased formal training and skill building for HHSA staff in all roles and at all levels to respond to both ongoing and community-identified needs in the workforce.

Goal 1	Ensure a competent and trained workforce in alignment with MHSA values that is versed in relevant evidence-based practices.
Objective 1	Ensure clinical staff are trained in relevant evidence-based practices.
Objective 2	Provide support to front-office staff to provide supportive and welcoming experiences.
Objective 3	Ensure a culturally competent and informed workforce.

Estimated FY21/22 Costs	Estimated Number to Be Served FY21/22	Estimated Cost/Person Served
\$55,795	Not applicable	Not applicable

UPDATE: Coupled with additional WET funds from OSHPD for 2020-2024, this program provides HHSA with the means to recruit/retain staff, offer stipends for graduate-level interns, and offer loan forgiveness incentives to staff.

Workforce, Education, and Training (AA)

FSP

Non-FSP

Program name: **Peer Workforce Development Workgroup**

Status:

Started

Pending

Canceled

New 21/22

COVID delayed

Target Population:

Children Aged 0–5

Transitional-age Youth Aged 16–25

Adult Aged 26–59

Older Adult Aged 60+

Program Description

HHSA’s Peer Workforce Development Workgroup is designed to provide persons with lived experience the opportunity to learn basic occupational skills and reenter the workforce. The focus of the program is to assist peer employees with balancing work and the various challenges a job presents with ongoing, necessary self-care and wellness strategies to address any ongoing symptoms of mental illness. Ultimately, the goal of the program is to assist a peer staff member in deciding if working in the mental health field is a good choice for them or if seeking work in an unrelated field is a better fit. Should a peer staff member want to pursue a career in the mental health or human services field, options for nonpeer positions in county employment or in the community will be explored.

Support for peer staff occurs through:

- ▶ Daily task supervision by their direct supervisor, addressing the basics of employment and learning to work while using the peer’s own story to support clients.
- ▶ Monthly clinical social worker-facilitated process groups, designed to provide a safe place for peer staff to process how sharing their story feels and how a work–life balance is best managed.

diverse groups (e.g., age, residence status, ethnicity, culture)

- ▶ Employment searching; marketing oneself
- ▶ Ethics and legal issues in mental health
- ▶ Maintaining good boundaries
- ▶ Specific job skill development
- ▶ Available community services

During these monthly process groups, peer staff have elected to address:

- ▶ Group facilitation strategies
- ▶ Conflict resolution
- ▶ De-escalation techniques
- ▶ Compassion and empathy development
- ▶ Self-care strategies
- ▶ Strategies to best serve clients from

The Peer Workforce Development Committee will support the outcomes of increasing peer workforce visibility, skill development, and role clarity while simultaneously decreasing stigma and inherent bias in the nonpeer workforce.

Goal 1	The Peer Workforce Development Workgroup aims to create a program that will ensure that peers are provided with the evidence-based skill building, professional development opportunities, training, and internal HHSA support they require to provide effective services to consumers, reduce stigma, and expand their own foundation of marketable skills.
Objective 1	Strengthen the onboarding, training, and supervision available to peer support staff.
Objective 2	Consider evidence-based practices in the peer support model.
Objective 3	Increase inclusion of peer workforce across the agency.

Estimated FY21/22 Costs	Estimated Number to Be Served FY21/22	Estimated Cost/Person Served
\$3,614	Not applicable	Not applicable

UPDATE: This program provides HHSA’s peer staff with employment and career support as well as a group forum to process their lived experiences as it related to the workplace. It has been suspended during COVID.

Workforce, Education, and Training

FSP

Non-FSP

Program name: **Central Regional WET Partnership**

Status:

Started

Pending

Canceled

New 21/22

COVID delayed

Target Population:

Children Aged 0-5

Transitional-age Youth Aged 16-25

Adult Aged 26-59

Older Adult Aged 60+

Program Description

In FY19-20, \$40 million was appropriated to fund the California Office of Statewide Health Planning and Development’s (OSHPD) 2020–2025 Workforce, Education, and Training (WET) five-year plan. Counties have been invited to apply for WET funding grants by way

of their Regional Partnerships in five key areas as long as each participating Partnership provides a 33% local match. Yolo County is a part of the Central Regional Partnership, along with 19 other Counties, which have access to a total OSHPD grant amount of \$6,463,031 over the five-year period.

Goal 1	Provide funding opportunities to attract and retain well-trained, diverse, and high quality staff within the county’s Mental Health Service delivery system.
Objective 1	Offer educational loan repayment assistance to professional staff.
Objective 2	Develop and enhance employment efforts for hard-to-find and hard-to-retain positions.
Objective 3	Offer stipends to clinical Master and Doctoral graduate students to support professional internships within the County system.

Estimated FY21/22 Costs	Estimated Number to Be Served FY21/22	Estimated Cost/Person Served
\$52,188	Not applicable	Not applicable

UPDATE: This is the mechanism by which HHSA, in collaboration with 18 other regional Counties, accessing the additional OSHPD WET funds for staff recruitment/retention, intern stipends, and loan forgiveness.

Workforce, Education, and Training (AA)

FSP

Non-FSP

Program name: **Mental Health Career Pathways**

Status:

Started

Pending

Canceled

New 21/22

COVID delayed

Target Population:

Children Aged 0–5

Transitional-age Youth Aged 16–25

Adult Aged 26–59

Older Adult Aged 60+

Program Description

In an ever-increasing competitive work environment, retaining qualified professionals is critical to the support and infrastructure of a robust mental health plan. There are often many clinical staff that have significant experience providing clinical services to clients, but may be unlicensed and need supervision to ensure that they are adequately equipped to handle the

needs of the population they serve, as well as meet the requirements from the Board of Behavioral Sciences for licensure. Without the training and support needed for this clinical supervision, staff can experience greater rates of burnout and leave the workforce, or seek out other employment opportunities that provide the training and support needed ultimately impacting client care.

Goal 1	Ensure well-developed clinical skills among unlicensed clinicians.
Goal 2	Provide clients of all ages with current and appropriate clinical interventions.
Objective 1	Provide clients of all ages with current and appropriate clinical interventions.
Objective 2	Retain licensed clinicians, post-successful licensure, as a result of the MHP's provision of supervised clinical hours to secure license.

Estimated FY21/22 Costs	Estimated Number to Be Served FY21/22	Estimated Cost/Person Served
\$69,369	Not applicable	Not applicable

UPDATE: New program proposed to start FY2021–2022. HHSa will offer state-approved clinical supervision to Master's level clinical staff in need of such to attain their state MH Professional license.

Budget Update

2021-2022

Update 2021-2022

The documents enclosed in the following section are submitted in compliance with the Mental Health Services Oversight and Accountability Commission's FY 19-20 through FY 20-23 MHSAs Three-Year Program and Expenditure Plan Submittals (www.mhsoac.ca.gov) instructions for documenting the expenditure of the proposed MHSAs programs.

Overall Budget Update FY2021-2022

Fiscal Year Summaries	CSS	PEI	INN	WET	CFTN	Prudent Reserve	TOTAL
Balance of FY1718/1011 revenue	965,497	1,543,958	952,212	0	268,922	514,069	4,244,657
Balance of FY1819/1112 revenue	8,227,233	2,089,731	539,671	0	0	514,069	11,370,705
Revertible end FY1920, if unspent	965,497	1,543,958	952,212	0	268,922	0	3,730,588
FY1920 Revenue							
Actual MHSAs Allocation	7,573,610	1,907,208	515,592	3,054	1,110	N/A	10,000,574
Actual Interest Earned	143,828	74,499	22,073	25	3,943	N/A	244,368
Total FY1920 Revenue	7,717,438	1,981,707	537,665	3,080	5,053	0	10,244,943
FY1920 Expenditures							
Salaries and Benefits	3,622,488	546,453	862,211	34,048	0	N/A	5,065,200
Contracts	3,279,351	1,615,961	17,796	192,095	354,355	N/A	5,459,558
Operating/Other	889,148	139,368	27,055	35,208	1,001,200	N/A	2,091,978
Transfers	1,910,078			(237,642)	(1,222,436)	(450,000)	0
Medi-Cal/Other	(2,950,405)	(57,675)	(21,381)	0		N/A	(3,029,460)
Projected MHSAs Funded Expenditures	6,750,660	2,244,107	885,681	23,708	133,119	(450,000)	9,587,275
Fund Balance FY1920 revenue	9,194,011	1,827,332	191,655	(20,628)	(128,066)	964,069	12,028,372
Estimated to revert, end FY1920	0	0	66,530	0	0		66,530

Fiscal Year Summaries	CSS	PEI	INN	WET	CFTN	Prudent Reserve	TOTAL
Revertible end FY2021, if unspent	2,442,070	1,389,582	606,202	0	0		4,437,854
FY2021 Revenue							
Projected MHSA Allocation	10,131,864	2,532,966	666,570	0	0	N/A	13,331,401
Estimated Interest	137,910	27,410	2,875	(309)	(1,921)	N/A	165,965
Total Projected Revenue	10,269,775	2,560,376	669,445	(309)	(1,921)	0	13,497,365
FY2021 Expenditures							
Salaries and Benefits	6,327,817	714,933	193,715	48,783	0	N/A	7,285,247
Contracts	6,042,696	2,519,327	377,254	32,669	927,884	N/A	9,899,829
Operating/Other	1,148,999	168,376	35,233	67,075	134,490	N/A	1,554,173
Proposed Transfers	1,861,825			(169,464)	(1,192,361)	(500,000)	0
Miscellaneous Reimbursement							0
Estimated Medi-Cal	(4,230,746)	(30,805)	0	0	0	N/A	(4,261,551)
Projected MHSA Funded Expenditures	11,150,591	3,371,831	606,202	(20,938)	(129,987)	(500,000)	14,477,699
Fund Balance FY2021 revenue	8,313,195	1,015,876	254,898	0	0	1,464,069	11,048,039
Estimated to revert, end FY2021	0	0	0	0	0		0
Revertible end FY2122, if unspent	0	0	537,665	0	0		537,665
FY2122 Revenue							
Projected MHSA Allocation	10,655,036	2,663,759	700,989	0	0	N/A	14,019,784
Estimated Interest	124,698	15,238	3,823	0	0	N/A	143,760
Total Projected Revenue	10,779,734	2,678,997	704,813	0	0	0	14,163,544
FY2122 Expenditures							
Salaries and Benefits	6,576,841	518,836	0	151,796	891,926	N/A	8,139,399
Contracts	8,614,699	3,192,676	700,989	33,062	1,283,608	N/A	13,825,033
Operating/Other	1,232,131	138,310	0	86,030	291,994	N/A	1,748,465
Proposed Transfers	2,938,990			(270,888)	(2,467,528)	(200,574)	0
Miscellaneous Reimbursement		(1,098,872)					(1,098,872)
Estimated Medi-Cal	(5,029,985)	(34,029)	0	0	0	N/A	(5,064,014)
Projected MHSA Funded Expenditures	14,332,675	2,716,921	700,989	0	0	(200,574)	17,550,012
Fund Balance FY2122 revenue	4,760,253	977,952	258,722	0	0	1,664,643	7,661,571
Estimated to revert, end FY2122	0	0	0	0	0		0
Revertible end FY2223, if unspent	0	0	506,121	0	0		506,121

Fiscal Year Summaries	CSS	PEI	INN	WET	CFTN	Prudent Reserve	TOTAL
FY2223 Revenue							
Projected MHSA Allocation	8,942,649	2,235,662	588,332	0	0	N/A	11,766,644
Estimated Interest	71,404	14,669	3,881	0	0	N/A	89,954
Total Projected Revenue	9,014,053	2,250,332	592,213	0	0	0	11,856,598
FY2223 Expenditures							
Salaries and Benefits	6,857,431	544,778	0	156,421	125,632	N/A	7,684,262
Contracts	8,616,648	3,505,205	588,323	27,775	753,502	N/A	13,491,453
Operating/Other	1,277,601	143,091	0	87,713	161,070	N/A	1,669,475
Proposed Transfers	1,812,114			(271,910)	(1,040,204)	(500,000)	0
Estimated Medi-Cal	(5,121,540)	(41,589)	0	0	0	N/A	(5,163,129)
Projected MHSA Funded Expenditures	13,442,253	4,151,485	588,323	0	0	(500,000)	17,682,061
Fund Balance FY2223 revenue	332,053	(923,201)	262,612	0	0	2,164,643	1,836,107
Estimated to revert, end FY2223	0	0	0	0	0		0
Revertable end FY2224, if unspent	0	0	622,611	0	0		622,611
Totals							
Total Projected Revenue FY1920-2223	37,780,999	9,471,412	2,504,135	2,770	3,132	0	49,762,449
Total Projected Expend. FY1920-2223	45,676,179	12,484,344	2,781,195	2,770	3,132	(1,650,574)	59,297,047
Total Projected Reversion FY1920-2223	0	0	66,531	0	0	0	66,531

Community Services and Supports Budget FY 2020–2021

CSS Component Summary	FY 2021 Proposed						
	Program Name (Expenditures)	M/C	FSP	Staff & Benefits	Contracts	Operating Costs	Total
CSS Children's Mental Health FSP	Y	Y	-	500,000	-	500,000	
CSS Children's Mental Health Non-FSP	Y		159,240	-	27,071	186,311	
CSS Pathways to Independence for TAY FSP	Y	Y	602,901	378,111	109,434	1,090,446	
CSS Pathways to Independence for TAY Non-FSP	Y		517,547	34,728	116,657	668,931	
CSS Adult Wellness Alternatives FSP	Y	Y	1,463,163	2,336,979	262,101	4,062,243	
CSS Adult Wellness Alternatives Non-FSP	Y		879,268	397,111	162,043	1,438,423	
CSS Older Adult Outreach and Assessment FSP	Y	Y	439,710	457,886	75,876	973,472	
CSS Older Adult Outreach and Assessment Non-FSP	Y		214,987	256,575	36,548	508,110	
CSS Mobile Tele-Mental Health FSP	Y	Y	45,026	250,000	7,654	302,680	
CSS Mobile Tele-Mental Health Non-FSP	Y		187,742	250,000	35,648	473,390	
CSS Community-Based Drop-in Navigation Centers	Y	Y	67,760	844,400	11,519	923,679	
CSS Peer and Family Member Led Support Services			-	100,000	-	100,000	
CSS MH Crisis & Crisis Intervention Training (CIT) FSP			53,146	-	-	53,146	
CSS MH Crisis & Crisis Intervention Team (CIT) Non-FSP		Y	1,046,171	100,000	177,849	1,324,021	
MHSA Comm Plan & Eval – CSS			302,815	113,821	58,146	474,782	
MHSA Administration – CSS			348,341	23,085	68,453	439,878	
CSS Total	FSP%:	67.9%	6,327,817	6,042,696	1,148,999	13,519,511	
			46.8%	44.7%	8.5%	100.0%	
<i>*Minimum required to be spent to avoid prior year reversion:</i>						2,442,070	
CSS Revenue							
MHSA Allocation						10,131,864	
MHSA Interest Earned (on fund balance)						137,910	
Medi-Cal Reimbursement						4,230,746	
Total Revenue Earned per Fiscal Year						14,500,520	
Transfer to Prudent Reserve (current 514,069)						(500,000)	
Transfer to WET						(169,464)	(169,464)
Transfer to CFTN						(1,192,361)	(1,192,361)
Available Revenue						(1,967,942)	12,638,695
Available Prior Year Revenue (Fund Balance)							9,194,011
Maximum Revenue Available:							21,832,706
Ending Fund balance: Surplus or (Deficit)							8,313,195

Community Services and Supports Budget FY 2021-2022

CSS Component Summary	FY 2122 Proposed						
	Program Name (Expenditures)	M/C	FSP	Staff & Benefits	Contracts	Operating Costs	Total
CSS Children's Mental Health FSP	Y	Y	–	520,000	–	–	520,000
CSS Children's Mental Health Non-FSP	Y		138,726	–	–	23,583	162,309
CSS Pathways to Independence for TAY FSP	Y	Y	152,435	1,472,702	–	33,132	1,658,270
CSS Pathways to Independence for TAY Non-FSP	Y		307,255	43,800	–	83,622	434,677
CSS Adult Wellness Alternatives FSP	Y	Y	608,483	3,547,445	–	124,949	4,280,877
CSS Adult Wellness Alternatives Non-FSP	Y		1,125,963	350,400	–	204,484	1,680,846
CSS Older Adult Outreach and Assessment FSP	Y	Y	97,417	1,350,368	–	17,731	1,465,516
CSS Older Adult Outreach and Assessment Non-FSP	Y		136,199	43,800	–	23,154	203,153
CSS Mobile Tele-Mental Health FSP	Y	Y	–	–	–	–	–
CSS Mobile Tele-Mental Health Non-FSP	Y		1,412,328	–	–	243,977	1,656,305
CSS Community-Based Drop-in Navigation Centers	Y	Y	276,475	844,411	–	47,001	1,167,887
CSS Peer and Family Member Led Support Services			–	100,000	–	–	100,000
CSS MH Crisis & Crisis Intervention Training (CIT) FSP			60,501	–	–	–	60,501
CSS MH Crisis & Crisis Intervention Team (CIT) Non-FSP		Y	1,458,616	125,000	–	247,965	1,831,581
MHPA Comm Plan & Eval – CSS			320,397	209,772	–	61,678	591,847
MHPA Administration – CSS			482,046	7,001	–	120,856	609,903
CSS Total	FSP%:	66.5%	6,576,841	8,614,699	–	1,232,131	16,423,671
			40.0%	52.5%	–	7.5%	100.0%
<i>*Minimum required to be spent to avoid prior year reversion:</i>							–
CSS Revenue							
MHPA Allocation							10,655,036
MHPA Interest Earned (on fund balance)							124,698
Medi-Cal Reimbursement							5,029,985
Total Revenue Earned per Fiscal Year							15,809,719
Transfer to Prudent Reserve (current 514,069)							(200,574)
Transfer to WET						(270,888)	(270,888)
Transfer to CFTN						(2,467,528)	(2,467,528)
Available Revenue						(2,195,233)	12,870,729
Available Prior Year Revenue (Fund Balance)							8,313,195
Maximum Revenue Available:							21,183,924
Ending Fund balance: Surplus or (Deficit)							4,760,253

Prevention and Early Intervention Budget FY2020-2021

PEI Component Summary	FY 2021 Proposed						
	Program Name	M/C	<26	S&B	Contracts	Optg	Total
PEI Early Childhood MH Access & Linkage		100%	-	400,000	-	400,000	
NA—PEI School-Based Access and Linkage (Urban)			-	-	-	-	
NA—PEI School-Based Access and Linkage (Rural)			-	-	-	-	
NA—PEI TAY Wellness Center			-	-	-	-	
NA—PEI School Based Mentorship/Strengths Building (Urban)			-	-	-	-	
NA—PEI School Based Mentorship/Strengths Building (Rural)			-	-	-	-	
PEI Senior Peer Counseling			-	50,000	-	50,000	
PEI Youth Early Intervention Program	Y	85%	104,633	-	17,788	122,421	
PEI Early Signs Training and Assistance		41%	239,555	111,725	74,616	425,895	
PEI Latinx Outreach/MH Promotores		10%	-	295,148	-	295,148	
PEI Maternal MH Access Hub (Home Visiting Expansion)			-	100,000	-	100,000	
PEI Cultural Competency		20%	311,511	300,000	64,457	675,967	
PEI College Partnerships		80%	-	150,000	-	150,000	
PEI K-12 School	Y	100%	-	1,100,000	-	1,100,000	
MHSA Comm Plan & Eval—PEI			27,546	10,354	5,289	43,190	
MHSA Administration—PEI			31,688	2,100	6,227	40,015	
PEI Total	<26%:	60.6%	714,933	2,519,327	168,376	3,402,636	
			21.0%	74.0%	4.9%	100.0%	
<i>*Minimum required to be spent to avoid prior year reversion:</i>							1,389,582
PEI Revenue							
MHSA Allocation							2,532,966
MHSA Interest Earned (on fund balance)							27,410
Miscellaneous Reimbursements (FY2122: MHSSA Grant)							
Medi-Cal Reimbursement							30,805
Total Revenue Earned per Fiscal Year							2,591,181
Funds Due to Revert							-
Available Revenue							2,591,181
Available Prior Year Revenue (Fund Balance)							1,827,332
Maximum Revenue Available:							4,418,513
Ending Fund balance: Surplus or (Deficit)							1,015,876

Prevention and Early Intervention Budget FY2022-2023

PEI Component Summary	FY 2223 Proposed						
	Program Name	M/C	<26	S&B	Contracts	Optg	Total
PEI Early Childhood MH Access & Linkage		100%		–	400,000	–	400,000
NA—PEI School-Based Access and Linkage (Urban)				–	–	–	–
NA—PEI School-Based Access and Linkage (Rural)				–	–	–	–
NA—PEI TAY Wellness Center				–	–	–	–
NA—PEI School Based Mentorship/Strengths Building (Urban)				–	–	–	–
NA—PEI School Based Mentorship/Strengths Building (Rural)				–	–	–	–
PEI Senior Peer Counseling				–	48,400	–	48,400
PEI Youth Early Intervention Program	Y	85%		–	230,000	–	230,000
PEI Early Signs Training and Assistance		41%	157,489		111,725	62,137	331,352
PEI Latinx Outreach/MH Promotores		10%		–	438,512	–	438,512
PEI Maternal MH Access Hub (Home Visiting Expansion)				–	100,000	–	100,000
PEI Cultural Competency		20%	314,311		550,000	64,933	929,243
PEI College Partnerships		80%		–	189,208	–	189,208
PEI K-12 School	Y	100%		–	1,420,339	–	1,420,339
MHSA Comm Plan & Eval—PEI			29,138		16,414	5,063	50,616
MHSA Administration—PEI			43,840		606	10,958	55,404
PEI Total		<26%: 60.4%	544,778		3,505,205	143,091	4,193,074
			13.0%		83.6%	3.4%	100.0%
<i>*Minimum required to be spent to avoid prior year reversion:</i>							–
PEI Revenue							
MHSA Allocation							2,235,662
MHSA Interest Earned (on fund balance)							14,669
Miscellaneous Reimbursements (FY2122: MHSSA Grant)							
Medi-Cal Reimbursement							41,589
Total Revenue Earned per Fiscal Year							2,291,920
Funds Due to Revert							–
Available Revenue							2,291,920
Available Prior Year Revenue (Fund Balance)							977,952
Maximum Revenue Available:							3,269,873
Ending Fund balance: Surplus or (Deficit)							(923,201)

Workforce, Education, and Training Budget FY2020-2021

WET Component Summary	FY 2021 Proposed					
	Program Name	M/C	N/A	S&B	Contracts	Optg
WET Coordinator			18,615	-	3,165	21,780
WET Professional Development			-	-	54,880	54,880
WET Peer Workforce Development Workgroup			16,601	-	6,436	23,037
WET Central Regional Partnership Grants			-	30,000	-	30,000
WET BBS Supervision			6,776	-	1,152	7,928
MHSA Comm Plan & Eval – WET			-	2,219	108	2,327
MHSA Administration – WET			6,790	450	1,334	8,575
WET Total		0	48,783	32,669	67,075	148,527
			32.8%	22.0%	45.2%	100.0%
<i>*Minimum required to be spent to avoid prior year reversion:</i>						-
WET Revenue						
MHSA Allocation						-
MHSA Interest Earned (on fund balance)						(309)
Medi-Cal Reimbursement						-
Total Revenue Earned per Fiscal Year						(309)
Transfer from CSS						169,464
Funds Due to Revert						-
Available Revenue						169,155
Available Prior Year Revenue (Fund Balance)						(20,628)
Maximum Revenue Available:						148,527
Ending Fund balance: Surplus or (Deficit)						0

Capital Facilities and Technological Needs Budget FY2020-2021

CFTN Component Summary	FY 2021 Proposed						
Program Name	M/C	N/A	S&B	Contracts	Optg	Total	
CFTN Information Technology				–	677,884	134,490	812,374
CFTN Peer-Run Housing (AFI Match)				–	250,000	–	250,000
MHSA Comm Plan & Eval - CFTN							–
MHSA Administration - CFTN							–
CFTN Total		–	–	927,884	134,490	1,062,374	
			0.0%	87.3%	12.7%	100.0%	
<i>*Minimum required to be spent to avoid prior year reversion:</i>						–	
CFTN Revenue							
MHSA Allocation						–	
MHSA Interest Earned (on fund balance)						(1,921)	
Medi-Cal Reimbursement						–	
Total Revenue Earned per Fiscal Year						(1,921)	
Transfer from CSS						1,192,361	
Funds Due to Revert						–	
Available Revenue						1,190,440	
Available Prior Year Revenue (Fund Balance)						(128,066)	
Maximum Revenue Available:						1,062,374	
Ending Fund balance: Surplus or (Deficit)						0	

Capital Facilities and Technological Needs Budget FY2021-2022

CFTN Component Summary	FY 2122 Proposed					
Program Name	M/C	N/A	S&B	Contracts	Optg	Total
CFTN Information Technology			772,277	1,001,285	264,777	2,038,339
CFTN Peer-Run Housing (AFI Match)			–	250,000	–	250,000
MHSA Comm Plan & Eval - CFTN			47,773	31,278	9,197	88,248
MHSA Administration - CFTN			71,876	1,044	18,020	90,940
CFTN Total		–	891,926	1,283,608	291,994	2,467,528
			36.1%	52.0%	11.8%	100.0%
<i>*Minimum required to be spent to avoid prior year reversion:</i>						–
CFTN Revenue						
MHSA Allocation						–
MHSA Interest Earned (on fund balance)						–
Medi-Cal Reimbursement						–
Total Revenue Earned per Fiscal Year						–
Transfer from CSS						2,467,528
Funds Due to Revert						–
Available Revenue						2,467,528
Available Prior Year Revenue (Fund Balance)						–
Maximum Revenue Available:						2,467,528
Ending Fund balance: Surplus or (Deficit)						0

